Achieving Accountability in Alberta's Health System

November 2001

Accountability

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Message from the Minister

This updated version of *Achieving Accountability in Alberta's Health System* supports the continuing public dialogue on health system accountability. That dialogue has grown since the first edition was released in 1998.

Like the original, this new edition outlines the broad roles, responsibilities and reporting relationships within the health system. It describes the processes needed to support accountability and continuous improvement in our health system. This edition also reflects changes in Alberta's health system over the last three years.

Achieving Accountability makes extensive reference to legislation, but does not attempt to fully describe the laws, policies and standards governing Alberta's health system. Details are available in the Acts that govern the health system; in the business plans of Alberta Health and Wellness, regional health authorities and provincial health boards; and in other ministry publications cited in the report.

Accountability is how we report on the results we achieve for the investment we make on Albertans' behalf. This is the start of continuous improvement. I hope this document continues to stimulate thinking and debate about how that improvement can be achieved.

Sincerely,

Gary G. Mar

Gary G. Mar, Q.C.
Minister of Health and Wellness

EXECUTIVE SUMMARY

Improvement in the quality of Alberta's health system requires a continued focus on accountability. The purpose of this document is to describe the structure and processes supporting accountability in Alberta's health system. The document discusses the concept of accountability within Alberta's health system, outlines the broad roles, responsibilities and reporting relationships of various organizations and stakeholders in the health system and describes the overall process and some specific mechanisms supporting health system accountability. It is intended primarily for those currently leading or working within Alberta's health system.

Accountability is defined as *the obligation to answer for the execution of one's assigned responsibilities to the person or group who conferred the responsibilities*. This report focuses on the formal accountability relationships that link different players in the health system. It also recognizes the importance of informal relationships to the effective operation of the health system.

Accountability and continuous improvement are a continuous feedback loop of several well-defined steps:

- establishing expectations and performance measures
- selecting strategies
- taking action and monitoring progress
- reporting results
- evaluating results, and
- maintaining or changing course.

The process applies at all levels of the health system – within Alberta Health and Wellness, regional health authorities and provincial health boards, facilities and programs, and to individuals working within the health system.

Accountability and continuous improvement are supported by several mechanisms, including:

- elections
- business plans and annual reports
- contracts
- reporting and monitoring

- processes for assurance of good practice, and
- remedies to address performance issues.

The document outlines a number of initiatives being undertaken by the Minister of Health and Wellness and others to enhance health system accountability and performance.

INTRODUCTION

The Government of Alberta's vision for health is "Citizens of a healthy Alberta achieve optimum health and wellness". It's a broad and long-term vision that includes not only the quality of health services, but also the importance of promoting and protecting good health for individuals and for Alberta as a whole. With the leadership of the Minister of Health and Wellness, the many stakeholders in the health system, including health authorities, regulatory bodies, health professionals, service providers and others, are working together and with other sectors to improve the health of Albertans and the quality of the health system.

Improvement in the overall quality of Alberta's health system requires a continued focus on accountability. We need to clearly assign responsibilities, set expectations and monitor and report on the performance of the system. The purpose of this document is to describe the structure and processes supporting accountability in Alberta's health system. The document discusses the concept of accountability within Alberta's health system, outlines the broad roles, responsibilities and reporting relationships of various organizations and stakeholders in the health system and describes the overall process and some specific mechanisms supporting health system accountability. It is intended primarily for those currently leading or working within Alberta's health system.

A major theme underlying this report concerns the shared responsibility of the Government of Alberta, health authorities and the health professions for ensuring quality in Alberta's health system. This requires that all three parties work together to continually improve quality.

Establishment of a complete accountability framework that is supported by appropriate processes will be ongoing. Further work will be needed to clarify roles, responsibilities, reporting relationships and processes, as the health system changes in response to new challenges.

Following this introductory chapter, there are two major sections in the document. The first focuses on process – approaches that are and may be used to ensure accountability and continuous improvement in the health system. The second looks at structure – the roles, responsibilities and reporting relationships of the various players in Alberta's health system.

This focus on both process and structure is important to ensure not only that individuals and organizations are accountable, but that accountability leads to ongoing improvements in Alberta's health system.

What Is Accountability?

The Government of Alberta is committed to open, accountable government focused on results. The public wants to know what health services can be expected and what results have been achieved.

Accountability can be interpreted in a wide variety of ways. In its most general and informal meaning, accountability simply means being expected to answer for one's actions.

For the purposes of this discussion, accountability is defined as *the obligation to answer for the execution of one's assigned responsibilities to the person or group who conferred the responsibilities*. "To be accountable implies a formal relationship and ... it also implies a prior act of delegation direct from one party to another" (T. Plumptre, 1988)[1].

For an accountability framework, it is important to focus on formal lines of authority – areas where responsibilities have been delegated and accepted, expectations are clear, reporting is required and performance is evaluated. This view of accountability does not mean that less formal relationships between players in the health system are unimportant. Such relationships (e.g., between health authorities, between health authorities and regulatory bodies, between health authorities and local agencies, between health professionals, etc.) are critical to the effective functioning of the health system, and are often based on strong moral and professional obligations and traditions. Albertans will continue to rely on physicians, nurses, health authorities and other groups in situations where formal accountability relationships are not in place.

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1 Timothy W. Plumptre. 1988. *Beyond the Bottom Line: Management in Government*. Institute for Research on Public Policy. Halifax, Nova Scotia.

Several important elements underlie effective accountability relationships:

- roles and responsibilities are mutually understood and accepted
- performance expectations are explicit and accepted
- sufficient resources, including authority to act, are provided
- review and feedback are carried out, and
- follow up actions, including rewards and sanctions, may be taken to improve future performance.

Accountability relationships are defined by *structure* (authorized roles, responsibilities and reporting lines), require supporting *processes* (clear expectations, monitoring, reporting back and follow up actions) and focus on *results*.

Delegation and authority are central to the concept of accountability. The individual conferring responsibility may monitor what is happening and step in if required – he or she has the authority to effect change if change is called for.

Some individuals in the health system are accountable to several bodies at once (i.e., they may be accountable to different bodies for different responsibilities). For example, many health professionals are accountable to health authorities and to their profession's regulatory body for patient care. Similarly, regional health authorities are accountable to the residents of their regions and the Minister.

Multiple lines of accountability generally stem from the different responsibilities of individuals, government, health authorities and the health professions. Individuals who are accountable to more than one party may experience tension. Generally, conflicts do not arise, but if they do, they must be resolved through discussions and negotiation among the appropriate players.

Distinguishing Accountability from Similar Concepts

"Accountability" must be distinguished from similar terms such as responsibility and answerability.

Accountability and responsibility are not synonyms. A responsibility is the obligation to act or make a decision. Accountability is a type of formal relationship that comes into existence when a responsibility is conferred and accepted and with it, an obligation to report back on the discharge of that responsibility. *One is responsible for something, but accountable to someone.*

As will be seen later in this report, accountability is more than the sharing of information between parties. An accountable party is subject to direction or sanctions by the individual or body that confers responsibility. Answerability, on the other hand, is the obligation to simply provide information and explanation to another party. An answerable party is not subject to direction or sanctions by the party requesting the information. Answerability arises from implicit or explicit expectations between parties in a relationship, sometimes based on traditions. These expectations can result in obligations between the answerable parties.

Many of the informal relationships that exist throughout the health system are "answerable" relationships. Health professionals, for example, are *answerable* to their peers as individuals and to other health professionals – this enables teams to function. Peers share information but don't provide direction or apply sanctions to each other. Health authorities are *answerable* to other health authorities – sharing information enables authorities to provide better coordinated care for Albertans.

Similarly, health professionals and other health care providers are *answerable* to their patients. Health professionals provide information and explanation to patients and obtain consent before providing treatment, but patients do not provide direction or apply sanctions to improve professionals' performance. Patients can, however, exercise their rights to seek professional care elsewhere.

ACCOUNTABILITY PROCESS AND MECHANISMS

This section describes the overall process and mechanisms needed to ensure accountability and support continuous improvement. Accountability and continuous improvement are a continuous feedback loop of several well-defined steps (see Figure 1).

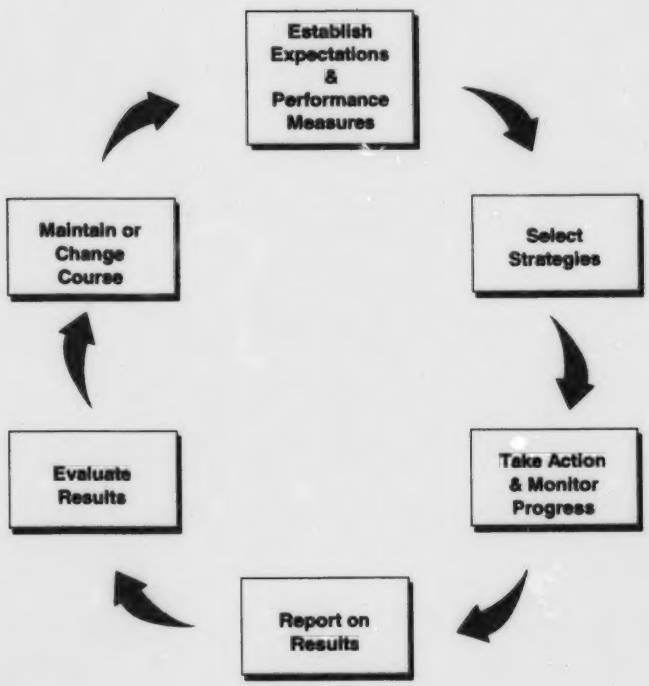

Figure 1

Establish expectations and performance measures

Expectations are desired results as set out in goals, guidelines, standards, targets or benchmarks. Expectations need to be set and clearly communicated. Goals and targets (desired level of performance, to be achieved by a specific date) are developed by reference to standards (minimum acceptable performance levels) and benchmarks (comparators). This step includes deciding how progress toward goals will be measured in quantitative terms. It also includes developing the supporting information and reporting mechanisms for tracking and analyzing progress toward goals.

Select strategies

Options for achieving expectations are developed and evaluated and strategies are selected. This phase includes identifying who is responsible for carrying out specific strategies and tasks.

Take action and monitor progress

The implementation phase includes doing the work, developing specific policies and procedures, designing programs or services and implementing and managing activities. It also includes collecting performance information to compare actual with planned results.

Report on results

Actual results achieved are reported and compared with planned results. Public reporting of progress towards goals and other expectations enables Albertans to assess the performance of the health system.

Evaluate results

Results are assessed both by those conferring responsibility and by those charged with the responsibility. This evaluation involves consideration of the circumstances contributing to performance.

Maintain or Change Course

Based on the evaluation of performance and an assessment of current needs, decisions are made regarding whether changes to strategies, measures or even goals and other expectations are required. Decisions are fed back into the continuous improvement process of setting expectations, selecting strategies and monitoring.

The accountability and continuous improvement *process* depicted in Figure 1 applies at all levels of the accountability *structure* – within Alberta Health and Wellness, health authorities, facilities and programs, and to individuals working within the health system. In order to improve overall performance, it is expected that targets and some standards may be raised over time.

Mechanisms Supporting Accountability

Many types of mechanisms may be used to ensure accountability in the health system. Such mechanisms are required at the health system, health authority, facility, program and individual levels.

In addition to legislation, standards and other expectations, some of the major mechanisms supporting health system accountability include elections, business plans and annual reports, contracts, reporting and monitoring, and processes to assure good practice.

Elections

Elections enable a group of individuals to select who will govern them. A governing body that is elected is *accountable* to its electorate. The electorate, collectively, provides direction and sanctions through the electoral process.

Two kinds of elections impact Alberta's health system: elections of individuals to Alberta's Legislative Assembly (which establish Alberta's government and opposition) and elections of two-thirds of the members of regional health authorities. The rules governing these elections are prescribed in legislation.

Business Plans and Annual Reports

Business plans are one way to set performance expectations. Business plans outline an organization's vision, goals and strategies, as well as its performance targets. Annual reports provide information about actual performance relative to plans.

The Ministry of Health and Wellness business plan provides the vision and direction for the health system, identifies core businesses, business goals and key performance measures for the Ministry, and outlines the strategies that Alberta Health and Wellness will implement to achieve its goals. Information about performance, progress towards the goals and areas for improvement is provided in the Ministry of Health and Wellness annual report.

Using the Ministry business plan as a guide, the Minister provides overall direction to the nineteen health authorities (seventeen regional health authorities and two provincial health boards) on preparation of their business plans. The Minister of Health and Wellness defines business plan goals for all health authorities. These shared goals link the strategies and operations of the regional health authorities and provincial health boards with the Ministry plan.

Regional health authorities and provincial health boards are expected to ensure that their business plans address the health needs of people in their region. The business plans provide a statement of the health authorities' core businesses and the goals to be achieved. The plans propose budgets and indicate how responsibilities will be carried out, and how progress will be measured. The plans also explain how approved and proposed capital projects relate to their goals and strategies.

Once approved by the Minister, the business plans become an agreement between the Minister of Health and Wellness and the regional health authorities and provincial health boards on what is to be accomplished and how it will be done.

Regional health authorities and provincial health boards are responsible for carrying out their business plans, reporting on their performance, and explaining any variation between planned and actual performance in an annual report.

Information contained in annual reports and from many other sources helps regional health authorities, provincial health boards and the Minister to make decisions about directions for future plans. Business plans and annual reports are key mechanisms supporting continuous improvement in the Alberta health system.

As part of good business practice, regional health authorities and provincial health boards should request business plans and annual reports from the organizations with which they contract.

Contracts

Responsibility and authority may be delegated or transferred from one individual or organization to another through, for example, a contract. A contract establishes legal duties between parties and provides each party with the right to seek legal remedies if the contract is breached. Contracts allow flexibility in tailoring requirements to meet specific needs. The elements underlying effective accountability relationships, discussed on page 8, are usually present in contracts.

Contracts are widely used throughout Alberta's health system. For example, health authorities must have contracts with the operators of voluntary acute or auxiliary hospitals, voluntary or private nursing homes, and surgical facilities, among others.

Reporting and Monitoring

Reporting and monitoring mechanisms provide assurance that reasonable levels of performance are achieved relative to expectations and resources used. Performance may be monitored through ongoing or ad hoc reporting. To be effective, monitoring requires that timely information about performance be reported. This information can be used to improve strategies and results throughout the health system. For example, the Minister monitors the performance of regional health authorities by requiring them to report, on a quarterly basis, financial and service performance indicators for key program areas.

Processes to Assure Good Practice

Processes to assure good practice include establishment of standards and other expectations and assessment through accreditation or licensing, governance and/or management reviews or audits, peer review, practice audits, and performance evaluation. Such processes can be applied to organizations, facilities and services, and to individuals at the level of clinical or administrative decision-making.

Regulatory bodies of the health professions license individual health professionals, and may also accredit and license the facilities in which professionals practice.

Remedies to Address Performance Issues

Where performance is not in line with expected results, corrective action may be needed to improve performance. The legislation or contract governing the accountability relationship will, to some extent, determine the kinds of remedies and follow-up actions that are available.

In general, remedies to improve the performance of organizations and individuals include: discussion and negotiation, review and advisory mechanisms, incentives and penalties, and the referral of concerns to third parties for resolution.

With regard to health authorities, the Minister may:

- pursue discussions with the health authority about actions the board could take, and/or
- require information and conduct inspections, and/or
- initiate external review mechanisms for advice.

The Minister is also given authority under legislation to take actions ranging from providing direction to removing the board. These actions include:

- providing directions about priorities and guidelines

- providing directions to coordinate work with government, private and public institutions
- amending, or directing the regional health authority to amend, their plans
- allocating funds and providing directions related to their use
- readjusting funding in subsequent years
- appointing the board chair or replacing the board chair with another member of the authority, and
- removing the board and replacing it with an official administrator.

ACCOUNTABILITY STRUCTURE: ROLES, RESPONSIBILITIES AND REPORTING RELATIONSHIPS

The structure of accountability – roles, responsibilities and reporting relationships of the players in Alberta's health system – is generally based on legislation and principles of common law. Authority to act is established through legislation or common law and may be delegated or transferred through, for example, contracts, subject to constraints in legislation.

The *Constitution Act* and the legislation maintained by both the federal and Alberta governments provide the foundation for accountability in the health system. Legislation includes statutes and regulations (see definitions in Appendix 1). Legislation also provides the authority for Ministerial orders and directives.

The laws that are enacted by the federal and provincial governments may delegate and allow further delegation of authority and responsibility, and the provision of resources, for the delivery of health services. Laws define the responsibilities of individuals and organizations and define the limits under which actions can be taken. Laws may sometimes prescribe the administrative processes that organizations and individuals must follow in order to discharge their responsibilities.

Government of Canada

The Constitution empowers the federal and provincial/territorial governments to make laws respecting health services for Canadians. While the Constitution does not confer unilateral authority for "health" on either the federal or provincial/territorial governments, the traditional view is that the provincial/territorial governments are the primary authorities for making laws respecting health services and providing health programs and services within their boundaries. Nevertheless, the federal and provincial governments each deal with aspects of "health" within their jurisdictions.

Canada Health Act

The federal government is involved in health through specific legislation and the use of its spending power. The key legislation supporting the role of the federal government is the *Canada Health Act*. Federal funding to the provinces is provided through the Canada Health and Social Transfer (CHST), a block funding mechanism that supports provincial/territorial delivery of health, advanced education and social services programs.

The *Canada Health Act* contains five broad principles that are supported by Alberta:

- public administration
- comprehensiveness
- universality
- portability, and
- accessibility.

It also contains two conditions (that provinces report aggregate information to the federal government and recognize federal contributions) and two provisions which prohibit extra-billing and user charges.

The principles of the *Act* apply to the provision of *medically necessary physician, hospital and surgical-dental services to provincial residents.* The provisions of the *Canada Health Act* do not apply to the health services provided to workers under a workers' compensation act. In Alberta, health services provided by health authorities, professionals and others to injured workers are funded, and in some cases managed, by the Workers' Compensation Board.

Other Federal Legislation

The federal government administers other legislation relating to health and health services (e.g., *Food and Drugs Act, Hazardous Products Act*). See Appendix 2 for a more complete list of statutes.

The federal government also addresses national health concerns by providing grants to provinces or community groups and by sponsoring health research grant programs. It manages health services on federal lands and Indian reserves and provides and/or funds specific health services to selected groups of Canadians such as registered Indians, veterans, new immigrants, persons incarcerated in federal institutions, the armed forces and the Royal Canadian Mounted Police. It also co-ordinates health surveillance and public health initiatives at the national level.

The Government of Canada is *accountable* to Canadians through Parliament and the electoral process. The Government of Canada is *answerable* to all individuals (providing it is not prohibited by legislation from providing the information).

Legislative Assembly of Alberta

The Legislative Assembly is comprised of Members of the Legislative Assembly (MLAs) who receive their ongoing authority from the people of Alberta through elections. MLAs are organized according to their party affiliations to form the Government of Alberta and Members of the Opposition.

MLAs are *accountable* to their political parties, the Legislative Assembly and, through the electoral process, to their constituents. MLAs are *answerable* to all individuals.

All of the players in Alberta's health system are subject to the authority of the Legislative Assembly.

Government of Alberta

The Government of Alberta is comprised of the political executive (the Premier and members of Cabinet) and the Government Caucus (the MLAs of the governing party). The principle of responsible government requires that the political executive of the Government retain the confidence of the Legislative Assembly and Albertans.

The Cabinet and Government Caucus set out the overall business and legislative plan for the Government of Alberta, including establishing goals and other expectations and resources for the health system. It is expected that Ministries will work closely in addressing overall government directions and business plan goals.

The Government of Alberta supports the five principles of the *Canada Health Act*, and ensures that Alberta's health services comply with the *Act*. The government funds many health services not covered by the *Canada Health Act* (e.g., chiropractic services, extended health benefits for seniors and their dependants, home care services, public health services, etc.).

The Government of Alberta is *accountable* to the Legislative Assembly and, through the electoral process, to Albertans. The Government of Alberta is *answerable* to all individuals (providing it is not prohibited by legislation from providing the information).

Minister of Health and Wellness

The Minister of Health and Wellness represents the Government of Alberta in putting in place and maintaining a health system which, within available resources and the limits of health science, meets the health needs of Albertans. The Minister's responsibility for the health of Albertans is limited by the role that the health system plays in ensuring good health. A wide range of other factors are involved. Income and social status, education, employment and working conditions, physical environments, genetic endowment, early childhood experiences, and individual lifestyles all play a part.

Overall responsibility for the health status of Albertans is shared by many individuals in the health system, other Ministers, other levels of government, individual Albertans and many others. Where factors outside the influence of the health system are adversely affecting the health of Albertans, the Minister identifies the factors and works with other Ministers to ensure that government policies and services as a whole are contributing to the health of Albertans. The Minister of Health and Wellness is held ultimately responsible for the overall quality of health services in Alberta and is responsible for reporting to the Legislative Assembly on the health of Albertans.

The Lieutenant Governor in Council assigns responsibility for various statutes and regulations to the Minister of Health and Wellness by regulations under the *Government Organization Act*. This *Act* also establishes the Department of Health and Wellness to assist the Minister of Health and Wellness.

Most of the powers and duties of the Minister of Health and Wellness are prescribed by the 38 acts and 106 regulations assigned to the Minister.

The statutes and regulations assigned to the Minister of Health and Wellness:

i) provide the Minister with extensive powers and duties respecting the components of the health system, including:
   - the registration of Albertans in the Alberta Health Care Insurance Plan, including the Extended Health Benefits Program, and the Non-group Blue Cross Plans
   - the collection of health insurance premiums from Albertans
   - the payment of benefits to health practitioners under the Alberta Health Care Insurance Plan
   - ground and air ambulance services
   - cancer programs
   - the designation and operation of approved hospitals
   - the delivery of mental health services
   - the operation of nursing homes
   - the delivery of home care services
   - the provision of extended health and drug benefit programs
   - the provision of community-based health programs (e.g., Alberta Aids to Daily Living)
   - the protection of the public from communicable diseases and health hazards
   - the designation of surgical facilities
   - the collection, use and disclosure of health information for health system purposes (e.g., to manage the publicly funded health system)
   - the determination and approval of budgets
   - the provision of health services in a health region, and
   - any other thing that the Minister considers necessary to promote and ensure provision of health services in Alberta.

ii) establish authorities to administer and deliver health services programs:
- Regional Health Authorities (regulations under the *Regional Health Authorities Act* govern the election and appointment of individuals to regional health authorities)
- Alberta Cancer Board
- Alberta Mental Health Board, and
- ABC Benefits Corporation (a non-profit corporation which operates the Alberta Blue Cross Plan).

iii) establish various agencies, boards, bodies and committees to ensure access to quality health services and hear appeals; and

iv) establish self-governing regulatory bodies for the health professions.

A complete listing of the statutes and regulations administered by the Minister of Health and Wellness as of April 2001 is contained in Appendix 3.

The Minister of Health and Wellness has several broad areas of responsibility:

i) Set Direction, Policies and Provincial Standards

The Minister sets overall direction, priorities and expectations, including standards, for the provincial health system, within the context of legislation and the Government of Alberta's business plan, established by Cabinet and the Government Caucus. The Minister develops the planning, policy, legislative and standards framework within which health authorities plan and deliver services.

The Minister also directs regional and provincial health authorities to ensure their work is co-ordinated with government and with other public and private organizations. This co-ordination is necessary to achieve the best health outcomes for Albertans and to avoid duplication of effort and expense. The Minister ensures that the Government of Alberta's commitment to the five principles of the *Canada Health Act* is met.

The Minister also establishes an accountability framework and supporting processes to ensure overall performance of the health system and to account for results to the public. This includes clarifying the roles, responsibilities, and reporting relationships of players in the Alberta health system.

The Minister ensures that health is considered in the development of public policy. The Minister works closely with other Ministers of the Government of Alberta and other levels of government to promote co-ordination of policies and programs. By advocating a "health" perspective in all public policy, the Minister promotes the Government of Alberta's vision for health and the health system.

ii) Allocate Resources

The Minister ensures that resources are made available to health authorities and health service providers to enable them to perform their responsibilities within the context of available resources.

The Minister has introduced two funding formulas:

- population-based funding to support regional health services, and

- separate funding for province-wide health services provided through the Capital Health Authority, the Calgary Health Region and other regional health authorities.

New approaches to funding physicians' services are being established with input from the provincial government, the Alberta Medical Association (AMA) and regional health authorities.

The Minister also supports the Alberta Heritage Foundation for Medical Research (for the Health Research Collaboration Agreement), the Alberta Cancer Board and Alberta's two faculties of medicine. The Minister contracts with the Alberta Heritage Foundation for Medical Research for the establishment of the health research agenda for Alberta, which includes setting priorities for health research grant funding.

iii) Ensure Delivery of Quality Health Services

The Minister ensures that Albertans have access to quality health services according to need. The Minister ensures that Albertans understand what services are available and where to turn if problems occur. The Minister ensures that emerging issues are examined and new technology is assessed. The Minister, through Alberta Health and Wellness, directly operates a central communicable disease control program, the Alberta Aids to Daily Living (AADL) program and the air ambulance program. The Minister is responsible for registering Albertans for health insurance benefits and paying fee-for-service practitioners for their services.

The Minister works with Alberta Learning, the College of Physicians and Surgeons of Alberta, the Alberta Medical Association, regional health authorities, universities and others to ensure that Alberta has the appropriate physician resources to meet the health needs of Albertans. This includes education of physicians to attain the correct balance of family physicians and specialists, and distribution issues such as attracting and keeping doctors in rural Alberta.

The Minister meets with officials from the regulatory bodies of the health professions to discuss issues of concern (e.g., quality in the health system).

The Minister also ensures that appropriate processes are in place to resolve the health service concerns of individual Albertans.

iv) Measure and Report on Performance Across the Health System

The Minister monitors the overall health of Albertans and the factors that affect health and assesses the overall performance of the health system. The Minister assesses whether the health system has met standards, is making progress toward goals and is effective in keeping Albertans as healthy as possible.

Health system performance is assessed through the review of a wide range of information, including:

- performance measures and related data
- reports from health authorities
- results from evaluation studies and program reviews, and
- comparative information from other jurisdictions

In some cases, further in-depth analysis of a specific issue may be required, either by the Minister, the Health Services Utilization Commission, a health authority, etc. The evaluation of system performance identifies areas of success, opportunities for improvement and the possible need to re-visit expectations.

Information is a key element of evaluation and accountability. It is required to set realistic expectations, develop useful performance measures and track and assess progress. Some information has to be shared among health stakeholders. The Minister ensures that Albertans' right to privacy is protected while, at the same time, allowing reasonable access to health information to facilitate proper treatment and informed decisions about health services, to research new treatments and to manage the health system. The Minister establishes the overall strategy for information management in the health system. The Minister ensures that health authorities are developing information management systems in a coordinated way to ensure a comprehensive province-wide health information system.

Valid and reliable data on inputs, processes, outputs and outcomes will enable providers and individual Albertans to choose the most appropriate treatment and other services, taking into account both outcomes and costs.

The Minister of Health and Wellness is *accountable* to the Legislative Assembly and the Government of Alberta. The Minister is *answerable* to all individuals (providing he is not prohibited by legislation from providing the information).

Alberta Health and Wellness

Alberta Health and Wellness exists solely to assist the Minister of Health and Wellness to perform the responsibilities conferred on him by the Legislative Assembly and to support the Minister in all of his duties.

Within this context, Alberta Health and Wellness staff are responsible for:

- making recommendations about health system directions and priorities
- facilitating the development and implementation of health policies and strategies, including legislation, standards and measures
- monitoring and assessing population health status
- monitoring and securing health authorities' compliance with legislation and standards
- evaluating the performance of the health system
- making recommendations about health authority business plans and budgets, and providing funds
- administering the Alberta Health Care Insurance Plan
- improving the quality and management of health information, and
- administering the Alberta Aids to Daily Living, air ambulance, drug benefits and Communicable Disease Control programs.

Through the Deputy Minister of Health and Wellness, Alberta Health and Wellness staff are *accountable* to the Minister of Health and Wellness. Alberta Health and Wellness is *answerable* to all individuals (providing it is not prohibited by legislation from providing the information).

Other Ministers in the Government of Alberta

The legislation and related responsibilities assigned to other Ministers also have an impact on Alberta's health system (a brief list of some relevant statutes is included in Appendix 4).

Some Ministers have responsibilities in areas such as education, the environment, income support, child welfare, workers' health and safety, etc., that can influence health. In addition, some Ministers administer legislation that may affect the way health services are provided. For example:

- the Minister of Community Development administers the *Protection for Persons in Care Act* which is intended to protect patients and residents in care facilities, including publicly-funded hospitals and nursing homes. The *Act* requires all individuals to report cases of abuse.

- the Minister of Human Resources and Employment administers legislation enabling individuals to specify in advance their wishes for health care, in the event of future incapacity, and legislation and programs authorizing the delivery of selected health services to people who otherwise might have limited access to such services (e.g., low income Albertans, severely disabled Albertans, etc.), and legislation respecting the Workers' Compensation Board and labour relations in health facilities.

- the Minister of Infrastructure shares responsibility with the Minister of Health and Wellness for the administration of legislation and programs respecting capital construction of health facilities.

- the Minister of Learning administers legislation governing Alberta's school system; develops curricula, programs and materials related to healthy living for elementary and secondary school students; and administers legislation governing the approval of post-secondary educational programs, including those that prepare health professionals.

- the Minister of Municipal Affairs administers legislation respecting the delivery of ground ambulance services.

- the Minister of Seniors administers legislation and programs respecting seniors' benefits and social housing programs.

Health, social and environmental issues are complex, often requiring action from several ministries. This need for joint planning and action is recognized through cross-ministry initiatives related to children's services, seniors, aboriginals and economic development, and joint initiatives of two or more Ministries such as environmental monitoring and impact assessment.

All Ministers are *accountable* to the Legislative Assembly and the Government of Alberta. Ministers are *answerable* to all individuals (providing they are not prohibited by legislation from providing the information).

Regional Health Authorities

Regional health authorities have responsibilities conferred on them by the Legislative Assembly, primarily through the *Regional Health Authorities Act*. Regional health authorities also have responsibilities under the *Hospitals Act* respecting the operation of hospital programs, the *Nursing Homes Act* respecting the operation of nursing home programs, and the *Public Health Act* respecting home care and the prevention of communicable diseases and health hazards.

Regional health authority boards are responsible for governing their organizations; the board provides vision, direction and leadership to the organization to ensure that its mandate is achieved (Cuff and Associates, 1997)[2]. Boards govern their organizations by establishing policies and bylaws – it is the responsibility of management and staff to implement the policies and bylaws developed by the board.

2 George Cuff and Associates. 1997. *A Report on Corporate Governance of Regional Health Authorities in Alberta.* Alberta Health.

Section 5 of the *Regional Health Authorities Act* defines the following primary responsibilities of regional health authorities:

i) promoting and protecting the health of the population in the region and working toward the prevention of disease and injury

ii) assessing the health needs of people living in the region

iii) determining priorities for the provision of health services in the region and allocating resources accordingly

iv) ensuring reasonable access to quality health services is provided in and through the region, and

v) promoting the provision of health services in a manner that focuses on the needs of individuals and communities and supports integration of services and facilities in the region.

Regional health authorities allocate resources, coordinate and provide services, and are expected to work with each other to improve Alberta's health system. Their responsibility for the health of Albertans living in their regions is limited by the role that the health system plays in ensuring good health. Many factors besides health services contribute to health. Where factors outside the health system are contributing to high priority health concerns in a region, the health authority works with other organizations and individuals to address these problems. The health status of Albertans is a shared responsibility. It starts with individuals and includes community services, health providers and government.

Regional health authorities' responsibilities are carried out through the following activities:

- ***Conduct Needs Assessments***

  Regional health authorities are responsible for planning and delivering services in ways that respond to the unique needs of those who live in each region. To do this, regional health authorities must assess the health needs of communities and residents within their health region.

- *Solicit Community Input and Dialogue*

  Regional health authorities are responsible for soliciting community input on service expectations, the responsiveness and effectiveness of health services, and the regional delivery system overall. Each region is responsible for establishing at least one community health council to provide a mechanism for public participation in the health system.

- *Allocate and Manage Resources*

  Regional health authorities are responsible for determining service priorities and for allocating and managing human, capital and financial resources based on regional needs assessments and a provincial framework of legislation and policies. Regional health authorities, like other health system stakeholders, are stewards of public funds and must prudently manage their resources.

- *Consult with Other Sectors*

  In order to improve the health of their regions' residents, regional health authorities are responsible for consulting and working closely with other organizations and individuals in the health region, including:

  - Alberta Cancer Board
  - Alberta Mental Health Board
  - municipal governments
  - lodges
  - ambulance services
  - schools
  - Child and Family Service Authorities
  - Alberta Alcohol and Drug Abuse Commission
  - social service agencies
  - community pharmacies
  - community physicians, and
  - provincial ministries.

  Since regional health authorities refer patients to, and receive patients from, other local agencies that provide complementary services, they need to consult and work with these agencies to address common concerns.

Regional health authorities must also work with groups such as regulatory bodies and the academic health centres to ensure the authorities' services are of high quality.

- *Plan and Deliver Services*

Regional health authorities are responsible for planning and delivering services as specified by legislation and the Minister of Health and Wellness. They must also submit a business plan to the Minister for approval. The business plan is updated annually. As part of the business plan, regional health authorities are responsible for developing a health workforce plan that forecasts future health workforce needs and strategies to meet these challenges.

Regional health authorities are responsible for providing health services and planning for the full continuum of health services in conjunction with other health authorities, service providers, other provincial ministries, and local agencies. Health authorities are responsible for finding the right mix of physician and non-physician professionals to meet the health needs of their regions, taking into account the knowledge, skills and costs of different professionals.

Regional health authorities are responsible for organizing and delivering services in ways that reflect their regions' unique characteristics and respond to individual and community needs. Regional health authorities are responsible for providing off-reserve health services to members of First Nations. Regional health authorities may also provide on-reserve health services, subject to contracts/agreements negotiated with First Nations.

Most health services are provided in each region as close as feasible to where people live. A small group of complex, high technology, high cost services are provided to all Albertans who need them through funding provided to the Calgary Health Region, the Capital Health Authority and other regional health authorities, by special arrangement with the Minister of Health and Wellness. These province-wide services include, among others: organ and bone marrow transplantations, heart surgery and angioplasty, special drug programs, renal dialysis, neurosurgery, and intensive care for severely ill infants and patients with severe trauma or burns.

Province-wide services are a collaborative effort between the Ministry of Health and Wellness, the provider regional health authorities and other regional health authorities. As such, they require special accountability provisions to ensure these highly specialized services are planned and delivered in the interests of the province as a whole.

- *Emphasize Wellness*

Regional health authorities are responsible for developing policies and programs which promote good health and emphasize wellness. This includes working with organizations outside the health system to improve health and providing Albertans with information and skills to take greater responsibility for their own health.

- *Provide Information*

Regional health authorities are responsible for providing information to Albertans that allows them to make informed decisions about their health and health services. This includes making information available about the cost and effectiveness of health services as well as about health choices and treatment options.

- *Ensure Reasonable Access to Services*

Regional health authorities are responsible for facilitating reasonable access to health services. The service delivery system should ensure Albertans have access to quality health services, based on need; it should also strive for ease of access to services from the client's perspective. This includes developing client-centered approaches, planning for referrals to and from services in other regions and communicating with residents about how to access health services and about service eligibility criteria. Expectations about reasonable access will be developed over time through discussions among Alberta Health and Wellness, regional health authorities and other stakeholders.

- *Maintain a Concerns Resolution Process*

  Regional health authorities are responsible for establishing a well-publicized process to receive complaints, concerns and questions from the public. This process will ensure that people with concerns about specific treatment problems or general health issues will have a simple and effective appeal route in place. Albertans will still be able to report cases of abuse under the *Protection for Persons in Care Act* and file complaints with specific provincial bodies such as the Health Facilities Review Committee or the regulatory body of a health profession.

- *Monitor, Report on, and Evaluate Services and Regional System Performance*

  Regional health authorities monitor and evaluate health services in their region, including the performance of contracted organizations and contracted health professionals. Performance during the year is monitored through ongoing and ad hoc reporting processes. On a quarterly basis, the Minister requires financial reports and service performance reports for key programs from all health authorities.

  Authorities submit annual reports to the Minister of Health and Wellness for approval. Authorities are also responsible for communicating with their residents on results achieved relative to plans.

  Information contained in annual reports and from many other sources helps health authorities make decisions about future directions and plans.

Delegating Responsibility

To carry out their activities, regional health authorities must provide direction to and work with service providers and health professionals who are directly employed, contracted or privileged (i.e., have been granted hospital privileges) by them. Accountability relationships among these groups are described later in this document.

The *Regional Health Authorities Act* enables regional health authorities to delegate their powers and duties to a committee of the authority, to any of its employees, officers or agents or to a community health council. Delegation does not alter the regional health authorities' accountability to the Minister. The power to delegate expands the chain of accountability for decisions made under the auspices of regional health authorities.

The *Regional Health Authorities Act* also enables regional health authorities to establish subsidiary health corporations. These are corporations directly or indirectly controlled by a regional health authority and accountable to the authority that established them.

In October 2001, two-thirds of the members of regional health authorities were elected by the residents of the region that were eligible to vote – the remaining one-third of members of regional health authorities were appointed by the Minister of Health and Wellness.

Once members of regional health authorities are elected and appointed and take their oaths of office, regional health authorities are *accountable*, as governing bodies, to the residents of their regions. Regional health authorities are also *accountable* to the Minister of Health and Wellness. While regional health authorities have responsibilities for their medical staff, employees and other stakeholders, regional health authorities are not accountable to these individuals – they are *answerable* to them and are obliged to provide information and explanation (providing they are not prohibited by legislation from providing the information). Regional health authorities are *answerable* to clients for health services.

Individual members of regional health authorities, both elected and appointed, are *accountable* to their respective health authorities. Individual members' responsibilities are determined by the authority's bylaws.

For further information about the responsibilities and expectations of regional health authority boards, refer to the Alberta Health and Wellness publication *Governance Expectations of Alberta's Health Authority Boards (2001).*

Community Health Councils

Each regional health authority is responsible for establishing at least one community health council. These councils are to take an active role in the affairs of the authorities, and usually act in advisory capacities to the authorities. Community health councils have a variety of responsibilities, determined by the authorities, such as gathering information and public input, providing advice to the regional health authority about health issues, needs and priorities, promoting community health activities, or providing health services.

Community health councils are *accountable* to the regional health authorities that established them. Summaries of their activities must be included in regional health authority business plans and annual reports.

Provincial Health Boards

The Alberta Mental Health Board and the Alberta Cancer Board are provincial health boards established under statute to provide specific health services to Albertans on a province-wide basis. Provincial health boards help to ensure that high quality cancer services and mental health services are planned and delivered on a consistent, standardized basis throughout the province. They must work closely with regional health authorities and health professionals to ensure that Albertans have access to coordinated health services.

Alberta Mental Health Board

The Alberta Mental Health Board:

- assesses the mental health of Albertans
- determines priorities in the provision of mental health services
- allocates resources
- delivers and coordinates delivery of mental health services, and
- carries out and promotes research.

The Board advises the Minister and regional health authorities about mental health service delivery. These responsibilities are outlined in the Alberta Mental Health Board regulation pursuant to the *Regional Health Authorities Act.*

The Alberta Mental Health Board delivers mental health services through community clinics, contracted agencies, Claresholm and Raymond Care Centres and Alberta Hospitals Edmonton and Ponoka (mental health services are also delivered by regional health authorities, including services in hospitals designated under the *Mental Health Act*). The Board also provides forensic psychiatry services for Alberta, the Northwest Territories and the federal government, and maintains strong linkages with Alberta Justice and the Courts.

The Board and regional health authorities have a shared responsibility for ensuring that Albertans have access to high quality, coordinated mental health services.

The Alberta Mental Health Board is *accountable* to the Minister of Health and Wellness. The Board is *answerable* to its medical staff, employees and other stakeholders – it is obliged to provide information and explanation (providing it is not prohibited by legislation from providing the information). The Board is *answerable* to clients for health services.

Alberta Cancer Board

In accordance with the *Cancer Programs Act*, the Alberta Cancer Board is responsible for establishing and operating provincial cancer hospitals and outpatient facilities for the prevention, detection and diagnosis of cancer, the treatment and care of cancer patients, and cancer research.

The Alberta Cancer Board provides cancer treatment and coordinates provincial cancer services through collaboration with regional health authorities (in some cases, regional health authorities also provide screening and treatment services for cancer patients, and some radiologists and surgeons unaffiliated with the Board diagnose and treat cancer patients while practicing in regional health authority facilities). The Board has established a number of outpatient cancer clinics in regional health authority facilities. The Board has developed the Community Cancer Network to link its cancer centres with regional and community facilities and programs, and operates the Alberta Program for Early Detection of Breast Cancer.

The Alberta Cancer Board has established northern and southern councils with regional health authorities to enhance communication and the coordination of cancer services in Alberta.

The Board is mandated to conduct and promote cancer research. Its research program encompasses basic, clinical, behavioural and epidemiological research which supports the provision of patient care. The Board also operates the Cancer Registry which supports surveillance and monitoring, the development of effective cancer screening programs and the implementation of validated prevention strategies.

The Board and regional health authorities have a shared responsibility for ensuring that Albertans receive accessible, high quality, coordinated cancer treatment.

The Alberta Cancer Board is *accountable* to the Minister of Health and Wellness. The Board is *answerable* to its medical staff, employees and other stakeholders – it is obliged to provide information and explanation (providing it is not prohibited by legislation from providing the information). The Board is *answerable* to clients for health services.

Regulatory Bodies of Health Professions

The regulatory bodies of the health professions are statutory bodies established under the authority of the Legislative Assembly. Regulatory bodies are self-governing, but are subject to laws passed by the Legislative Assembly. The privilege of self-governance is only delegated to professions when the public interest is served by doing so, and when the advantages clearly outweigh the disadvantages.

The self-governing nature of the professions has significant historical precedent in western nations. The principle underlying self-governance is that professions make a "pact" with the state. In return for the privilege of self-governance, the professions ensure that the public can trust the professionals they consult (M. Stacey, 1995)[3].

3 Margaret Stacey. 1995. *Whistleblowing in the Health Service: Accountability, Law and Professional Practice*. Edited by Geoffrey Hunt. Hodder-Headline PLC. London, Great Britain.

There are 29 regulated health professions in Alberta (see Appendix 5 for a complete list). Regulatory bodies that support the health system include, among others:

- Alberta Association of Registered Nurses
- Alberta Association of Registered Occupational Therapists
- Alberta College of Optometry
- Alberta Dental Association[4]
- Alberta College of Pharmacists
- College of Dietitians of Alberta
- College of Alberta Psychologists
- College of Chiropractors of Alberta
- College of Physicians and Surgeons of Alberta
- College of Physical Therapists of Alberta, and
- Registered Psychiatric Nurses Association of Alberta.

Setting Safe Standards of Care

The regulatory bodies of the health professions along with health authorities and the Government of Alberta are jointly responsible for ensuring quality in Alberta's health system. Regulatory bodies ensure that all health professionals, regardless of how they are funded, meet established or acceptable standards for competence and conduct, including ethical conduct. They help to standardize the quality of professional practice across the province.

Regulatory bodies provide a number of functions including:

- peer review of members
- setting minimum education and competence requirements for registration of members
- setting minimum competence standards for ongoing practice and conduct, which may include accrediting private facilities, and
- undertaking disciplinary processes for members who contravene the profession's standards.

Regulatory bodies also provide advice to the Minister, Legislative Assembly and other public bodies regarding health and health system issues.

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4 The Alberta Dental Association is to be renamed the Alberta Dental Association and College in late 2001.

Service and Fee Schedules

While some regulatory bodies negotiate service and fee schedules for members, these kinds of negotiations are usually conducted by other groups (e.g., the AMA, labour unions representing professional employees). The *Final Report of the Workforce Rebalancing Committee (1995)* recommended that clear structural separation be maintained between the regulatory and economic functions of professions (i.e., two different organizations should represent a profession for regulatory and economic issues). If this is not feasible, the Committee recommended that professions adopt a clear functional separation within the organization for regulatory and economic functions.

Reporting

Most regulatory bodies of the health professions are required to submit annual reports to the Minister of Health and Wellness; these reports are normally tabled in the Legislative Assembly. As self-governing organizations, regulatory bodies are *answerable* to their members, the Legislative Assembly and the Minister of Health and Wellness. Regulatory bodies are also *answerable* to other individuals. A regulatory body is expected to provide information about the discharge of its responsibilities to any individual or body (providing the regulatory body is not prohibited by legislation from providing the information).

Health Professions Act

The *Health Professions Act* was passed by the Legislative Assembly in 1999. The *Act* will be implemented over time as regulations are developed for each of the health professions. It contains provisions to improve the professions' operations and disciplinary processes and to ensure that regulatory bodies act in the public interest. Some of the proposed measures include:

- requiring governing councils of the professions to have public members
- requiring continuing competency programs

- requiring most disciplinary hearings to be open to the public, and
- giving the Provincial Ombudsman authority to determine administrative fairness in the professions' decision making.

Health Professionals

Health professionals have many important responsibilities – they provide advice, care and treatment to their patients, educate their patients and represent and act in their patients' interests. Health professionals are *accountable* to their respective regulatory bodies for their ongoing practice, including competence and conduct, and to their employers for the quality of services they deliver.

Relationships between health professionals and clients may not meet the requirements of a formal accountability relationship as discussed in this document; patients do not, for example, establish performance expectations for their providers, or apply sanctions, to improve professional competence and conduct. Rather, the "lines of accountability run through professional discipline and legal redress: the consumer may invoke these institutions but there is no obligation to justify actions, backed by sanctions" (Rudolf Klein, 1993).[5]

Health professionals have significant responsibilities for their patients and are *answerable* to them: they are obliged to provide appropriate information and explanation to patients. Health professionals, like all individuals, may be liable for injuries caused by wrongdoing, poor judgement or negligence, but potential liability does not necessarily imply an accountability relationship between the patient and the professional.

5 Rudolf Klein. 1993. *An Anatomy of Accountability*. Paper presented at CHEPA's 6th Annual Health Policy Conference.

Public Expectations

Many informal expectations are placed on health professionals. The public has expectations of health professionals, and health professionals have expectations of each other. These informal expectations form an array of moral, ethical and professional obligations and traditions that bind the various health professions to each other and create loyalties and trust between health professional and patient. Such expectations are essential to the functioning of health programs and services. They cannot be quantified and do not fit easily within the structure and process of accountability discussed here.

Health professionals working in Alberta's publicly funded health system can be classified into three broad categories:

- health professionals paid through employment or service contracts by regional health authorities and provincial health boards
- health professionals paid through the Alberta Health Care Insurance Plan by fee for service or alternative payment plans, and
- health professionals paid through other sources.

Some health professionals are compensated for their services through a combination of these sources.

Health Professionals Paid Through Employment or Service Contracts by Regional Health Authorities and Provincial Health Boards

Regional health authorities and provincial health boards employ or contract with many health professionals and other service providers to provide health programs and services to Albertans. Some of these professionals include:

- physicians
- registered nurses
- registered psychiatric nurses
- pharmacists

- physiotherapists
- dietitians
- respiratory therapists
- medical radiation technologists
- licensed practical nurses
- medical laboratory technologists, and
- social workers.

Some of the professionals employed or contracted are represented by labour unions or other associations in contract negotiations; others negotiate contracts with the authority or board on an individual basis.

Health professionals employed or contracted by regional health authorities and provincial health boards are *accountable* to them for the quality of services they provide to clients and for appropriate use of health authority resources. These health professionals are also *accountable* to their respective regulatory bodies for the quality of their professional practice when providing services to clients.

Health Professionals Paid Through the Alberta Health Care Insurance Plan

The *Alberta Health Care Insurance Act* details what services Albertans are eligible for under the Alberta Health Care Insurance Plan and how practitioners are compensated for providing those services. The Plan is operated in compliance with the principles of the *Canada Health Act*, but also provides for additional services not included in that *Act*.

Albertans enrolled in the Alberta Health Care Insurance Plan can access "insured services" when they need them. "Insured services" are defined as medically necessary services provided by physicians or dental surgeons. All "insured services" that Albertans obtain from physicians and dental surgeons are fully publicly funded, regardless of where the services are provided (hospitals, clinics, private offices). In accordance with the *Alberta Health Care Insurance Act* and *Canada Health Act*, extra-billing of clients or charging of facility fees by physicians and dental surgeons for "insured services" is prohibited.

In addition, Albertans may access other "basic health services" when they need them, subject to limits established in the regulations. "Basic health services" are defined as "insured services" as well as other services provided by optometrists, chiropractors and podiatrists. Albertans may access services from optometrists, chiropractors and podiatrists when required, but since these service are not "insured services" under the *Alberta Health Care Insurance Act* and *Canada Health Act*, the services are provided subject to benefit limits. Optometrists, chiropractors and podiatrists providing these services may also charge patients an amount in addition to what is covered under the Plan; patients, however, can purchase supplementary health insurance for these services.

Seniors, recipients of the Widows Pension Program and their dependents may also access additional health benefits, or "extended health services", from dentists, dental mechanics, optometrists and opticians. The Plan pays these practitioners according to rates and benefit limits as prescribed in legislation. Since "extended health services" are not considered "insured services" under the *Alberta Health Care Insurance Act* and *Canada Health Act*, practitioners providing these services may charge patients an amount in addition to what is covered under the Plan. Patients, however, can purchase supplementary health insurance for these services.

The Government negotiates the total funds available in the Alberta Health Care Insurance Plan. The Minister of Health and Wellness sets the fees for some practitioners under the Plan in consultation with the associations representing the practitioners (e.g., Alberta Dental Association). In other cases, subject to an agreement with the Minister, an association representing practitioners may jointly manage AHCIP funds with the Minister (e.g., the Alberta Medical Association and the Minister jointly manage the Medical Services Budget in the Plan).

The Minister generally pays practitioners on a fee-for-service basis as they submit their billings, but alternative payment plans are being developed in consultation with health professionals and their associations. Health professionals paid by AHCIP are *accountable* to the Minister of Health and Wellness for submission of their billings according to the rules set out under the *Alberta Health Care Insurance Act* and regulations. However, these practitioners do not formally report to the Minister to provide the rationale for the resources they use

according to results achieved relative to results expected. Consequently, they do not account for their resource utilization.

Health Professionals Paid Through Other Sources

Some health professionals are compensated for their services by other sources of funding. In these cases, health professionals are paid directly by the client, a private insurer or other payer on the client's behalf (e.g., Workers' Compensation Board). These health professionals may be accountable to these bodies through contracts.

Health professionals can also be classified according to whether they have hospital privileges.

Health Professionals with Hospital Privileges

Regional health authorities, provincial health boards and voluntary hospital boards that operate acute and auxiliary hospitals must establish medical staff bylaws outlining the procedures for physicians to obtain and maintain hospital privileges and the rules respecting the duties of the medical staff (physicians with hospital privileges are part of the medical staff of the hospital).

Recent amendments to the *Hospitals Act* enable non-physician health professionals, such as midwives, to also access hospital facilities and resources, subject to the terms and conditions set out in bylaws or contracts. The bylaws and contracts governing clinical staff are intended to help hospital boards manage their programs and resources.

Bylaws and contracts help to ensure accountability of health professionals because they contain provisions respecting peer review of clinical and academic performance, competency, continuing medical education and conduct, and in some cases, resource utilization (generally, the impact of the bylaws on utilization of hospital resources is indirect). They may also provide for sanctions through restrictions or withdrawal of privileges. Hospital bylaws must be approved by the Minister.

Only health professionals who have hospital privileges may admit patients to the hospital. They are the "gatekeepers" to the hospital programs. They admit patients, treat and refer patients to other professionals employed or contracted by the hospital, order laboratory and diagnostic tests, and significantly impact the use of the hospitals and thus, regional health authority and provincial health board resources.

Health Professionals without Hospital Privileges

Many health professionals who practice in a health region do not have hospital privileges. These health professionals may or may not be funded by the Alberta Health Care Insurance Plan. Some regional health authorities permit health professionals without hospital privileges to refer clients to the health authority for services and tests (e.g., laboratory and diagnostic tests). As points of entry to the health system, these professionals can impact the use of health authority resources. Unlike health professionals with hospital privileges, health professionals without hospital privileges are not accountable to the local regional health authority, unless they have entered into other agreements with the authority.

Health Foundations

Health foundations are not-for-profit entities established for charitable fund-raising for health purposes. Health foundations can be set up to benefit health programs or facilities in communities, health regions or the province.

More than 60 health foundations currently operate in Alberta. The foundations are established or exempted under health legislation. Relationships between the foundations, the Minister of Health and Wellness and the health authorities vary considerably.

All health foundations are *answerable*, but not accountable, to the Minister. Some foundations are *accountable* to health authorities while others operate independently of the health authorities. In such cases, conflicts may arise between the strategies of a health authority and an independent health foundation.

The Minister does not have the authority to establish expectations for foundations or take action to improve their performance. Foundations do not submit business plans. Health foundations provide audited financial statements on an annual basis to the Minister.

Organizations Contracted by Regional Health Authorities to Provide Patient Care

Voluntary Hospitals and Long Term Care Facilities

Voluntary hospitals and long term care facilities (i.e. auxiliary hospitals and nursing homes) are owned by non-profit groups, often organizations with a religious affiliation. Regional health authorities may operate a voluntary facility on a contractual basis with the owner, or the owner may operate its facility according to a contract negotiated with the regional health authority.

Voluntary hospitals must be operated subject to the provisions of the *Hospitals Act*. Voluntary long term care facilities (i.e., auxiliary hospitals and nursing homes) must be operated subject to the *Hospitals Act* or *Nursing Homes Act*. All voluntary facilities are governed by their own boards, not by regional health authorities, however, voluntary boards are *accountable* to regional health authorities for all contracted services they provide in these facilities. All contracts between regional health authorities and voluntary nursing home operators must be filed with the Minister of Health and Wellness.

In 1994, when Alberta's health system was regionalized, the former district and provincial hospital boards were disestablished and replaced by regional health authorities. At this time, the Minister of Health and Wellness signed an over-arching agreement with the association representing voluntary facilities. This agreement includes principles for the continuing ownership and operation of all voluntary health facilities and programs in the regionalized health care system. This agreement provides the

overall context for contracts between regional health authorities and voluntary facilities. Among other provisions, the over-arching agreement:

- ensures that owners of a voluntary facility may determine the mission, values, and ethical principles and guidelines for the facility
- ensures that the owners of the voluntary facility may appoint the governing board and select the CEO for the facility, and
- ensures that the board of the voluntary facility cooperates with the health authority in initiatives to plan and deliver health services.

The boards of voluntary hospitals and long term care facilities are *accountable* to the health authorities with whom a contract is in place. They are also *accountable* to the owners of the facilities. In addition, the boards are *accountable* to the Minister of Health and Wellness according to the provisions of the *Hospitals Act* and *Nursing Homes Act*.

Boards are also *answerable* to their medical staff and employees (providing the board is not prohibited from providing information in accordance with legislation). Like regional health authorities and health professionals, the boards of voluntary hospitals and long term care facilities are *answerable* to clients for health services.

Private Nursing Homes

Private nursing homes are for-profit organizations operated by private individuals or corporations. Regional health authorities may contract with private nursing homes to provide services. Private nursing homes must be operated subject to provisions of the *Nursing Homes Act*. All contracts between regional health authorities and private nursing home operators must be filed with the Minister of Health and Wellness.

Private nursing homes are governed by their owners. Private nursing home operators are *accountable* to the regional health authorities with whom a contract is in place. Operators are also *accountable* to their owners.

In addition, private nursing homes are *accountable* to the Minister of Health and Wellness according to the provisions of the *Nursing Homes Act*. Like regional health authorities and health professionals, private nursing homes are *answerable* to clients for health services.

Others Contracting with Health Authorities

Health authorities contract with a variety of other individuals and organizations to provide health products and services to Albertans. These include, among others:

- medically necessary services (e.g., surgical services, such as ophthalmological services)
- community rehabilitation services (e.g., physiotherapy)
- continuing care services (e.g., personal care, homemaking, nursing services), and
- medical supplies.

Health care organizations and providers delivering these kinds of services are *accountable* to the health authorities with whom a contract is in place. Privately owned organizations under contract with a health authority are also *accountable* to their owners.

Like other providers, private contractors are *answerable* to clients for health services. Depending on the services provided, these organizations may also be *accountable* to others (e.g., the *Health Care Protection Act* requires facilities providing surgical services under contract to regional health authorities to be accredited by the College of Physicians and Surgeons of Alberta).

Other Organizations

Advisory and Appeals Bodies

To assist the Minister, Government and Albertans, a number of advisory and appeal bodies have been established under statute, regulation or Ministerial Order. These organizations are listed in Figure 2.

Most of these bodies provide technical advice and expertise on specific health issues. Several provide services to, or help to resolve the concerns of, health system clients and service providers. The mandates of these groups are outlined in Appendix 6. These bodies are generally *accountable* to the Minster of Health and Wellness.

Figure 2

Advisory Boards/Committees	Appeal Boards/Panels/Bodies
♦ Premier's Advisory Council on Health ♦ Alberta Advisory Committee on AIDS ♦ Rural Physician Action Plan Co-ordinating Committee ♦ Ambulance Advisory and Appeal Board ♦ Ambulance Medical Review Committee ♦ Province Wide Services Advisory Committee ♦ Out-of-Country Health Services Committee ♦ Senior Reference Committee (for information technology) ♦ Technical Co-ordinating Group (for information technology) ♦ Alberta Expert Review Panel for Blood Borne Infections in Health Care Workers ♦ Alberta Health and Wellness Archival Blood Search Steering Committee ♦ Billing Practice Advisory Committee ♦ Alberta Management Committee on Drug Utilization ♦ Expert Committee on Drug Evaluation and Therapeutics ♦ MS Drug Review Panel ♦ Eye Care Disciplines Advisory Committee ♦ Health Innovation Fund Advisory Committee ♦ Health Services Utilization Commission ♦ Healthy Aging and Continuing Care in Alberta Implementation Advisory Committee ♦ Imaging Advisory Committee ♦ Physician Resource Planning Committee ♦ Policy Advisory Committee on Blood Services in Alberta	♦ Alberta Health Facilities Review Committee ♦ Alberta Aids to Daily Living and Extended Health Benefits Appeal Panels ♦ Ambulance Advisory and Appeal Board (also an advisory board) ♦ Calgary Mental Health Review Panel ♦ Edmonton Mental Health Review Panel ♦ Ponoka Mental Health Review Panel ♦ Hospital Privileges Appeal Board ♦ Out-of-Country Health Services Appeal Panel ♦ Public Health Appeal Board ♦ Mental Health Patient Advocate

ABC Benefits Corporation

The ABC Benefits Corporation, formerly known as the Board of Trustees of the Alberta Blue Cross Plan and operated by the former Alberta Hospital Association, is a not-for-profit corporation established under statute to:

- provide programs and services to improve the health and well-being of Albertans and other customers
- provide supplementary health benefit programs, and
- operate the Alberta Blue Cross Plan on behalf of Alberta Health and Wellness.

ABC Benefits Corporation is governed by a board of directors, and administers four non-group supplementary health insurance plans on behalf of the Minister of Health and Wellness.

Through a contract, the Minister provides funds to the Corporation for the non-group plans. The non-group plans are for:

- seniors and their dependents
- widow(er)s and their dependents
- people who have been diagnosed as requiring palliative care, and
- Albertans under the age of 65 who pay Alberta Blue Cross premiums.

Health benefits in the non-group plans include, among others, prescription medications, ambulance services and home nursing care. (ABC Benefits Corporation also administers drug, optical and ambulance benefits on behalf of the Minister of Human Resources and Employment to recipients of Supports for Independence, Assured Income for the Severely Handicapped and the Child Health Benefit.)

The Minister has established a drug review process for the Alberta Blue Cross non-group plans. The Alberta Health and Wellness Drug Benefit List (AHWDBL) defines the drugs and drug products that are covered by the government-sponsored non-group plans.

The ABC Benefits Corporation is *accountable* to the Minister of Health and Wellness for the non-group plans.

The ABC Benefits Corporation also sells private health insurance contracts to private sponsors of group insurance plans and clients. It is *accountable* to private sponsors of group insurance plans and clients in accordance with its contracts.

Academic Health Centres

Alberta's academic health centres include university faculties of health sciences and affiliated hospitals and are located in Edmonton and Calgary.

Academic health centres:

- provide clinical services to patients in a teaching and research environment
- educate medical students and residents, and other health sciences students
- provide continuing education for others, and
- carry out research.

Activities of the academic health centres are financed by a variety of sources (universities, regional health authorities, Alberta Health and Wellness, Alberta Heritage Foundation for Medical Research, Medical Research Council of Canada, etc.). Academic health centres have multiple accountabilities to their different funding sources. Staff of the academic health centres are *accountable* to their individual funding sources, professional regulatory bodies and governing bodies.

Provincial Health Authorities of Alberta

The Provincial Health Authorities of Alberta is established under statute and is a forum for the regional health authorities, the Alberta Mental Health Board and the Alberta Cancer Board. The PHAA is a self-governing association, accountable only to its members.

The PHAA carries out a number of activities for its members, including:

- encouraging and assisting members to provide health services of high quality

- promoting local authority and control over the provision of health services
- studying, discussing and distributing information and advice to members concerning the planning, construction and equipping of health care facilities, the organization and management of health care facilities, the development and improvement of standards for health services, and the education of personnel providing health services
- representing members in discussions and negotiations with governments, government agencies and organizations engaged in providing health services
- regulating and promoting sound labour relations on behalf of members and members' agents and employees, and
- co-ordinating the activities of members in collaborative ventures.

Alberta Medical Association

The AMA is a voluntary association that represents physicians. The AMA and the Minister jointly administer the AHCIP budget for physicians, subject to an agreement negotiated between them in 1998 and updated in 2001. The AMA is *accountable* to its members.

Ambulance Operators

i) Ground Ambulance Operators

Ground ambulance services are provided to Albertans under the jurisdiction of local municipal governments.
The Municipal Government Act enables municipal governments to:

- provide ambulance services in the municipality
- enter into contracts for the provision of ambulance services in the municipality
- determine the level of service to be provided, and
- set ambulance rates (for non-government sponsored programs).

Emergency ground ambulance services are not considered "insured services" under the *Alberta Health Care Insurance Act* and *Hospitals Act*. These services are not funded by the provincial government, but must be paid by individuals or private health insurance.

Only transfers between facilities are considered "insured services" under the *Hospitals Act* and funded by the provincial government. Health authorities negotiate contracts and fees with local ambulance operators for inter-hospital transfers.

The Minister of Health and Wellness is responsible for regulating the quality of ground ambulance services by setting standards for ambulance operators (personnel, vehicles and equipment), licensing ambulance operators, maintaining a registry of ambulance operators, and ensuring that operators comply with the standards.

Ground ambulance operators must work closely with health authorities to ensure that high quality care is provided.

Ground ambulance operators are *accountable* to municipal governments for providing ambulance services and to the Minister of Health and Wellness for quality of services. Like other providers, they are *answerable* to clients for health services.

ii) Air Ambulance Operators

The Minister of Health and Wellness operates and funds Alberta's air ambulance program through contracts with ambulance operators (for the medical crew), aircraft operators and dispatch centres; they are *accountable* to the Minister for the services they provide.

The ambulance and aircraft operators and dispatch centres must work closely with Alberta Health and Wellness, ground ambulance operators and regional health authorities to ensure that air ambulance services are co-ordinated with ground ambulances and regional health care facilities. Air ambulance operators are *answerable* to ground ambulance operators and regional health authorities. Like other providers, they are *answerable* to clients for health services.

Community Pharmacies

Community pharmacies supply medication and other health remedies to Albertans on a retail basis and are licensed by the Alberta College of Pharmacists. Community pharmacies employ pharmacists to dispense medication, advise customers about the medication, monitor drug therapy and assist in assessing and discussing health outcomes. Physicians, dentists, podiatrists and others prescribe drugs to patients.

Community pharmacists work closely with, and are *answerable* to, regional health authorities, physicians and other practitioners. As community health services expand, the need to co-ordinate the services of community pharmacies with those provided by health authorities will grow.

Pharmacists and the proprietors of community pharmacies are *accountable* to the Alberta College of Pharmacists for the practice of pharmacy. Like other providers, they are *answerable* to clients for services.

Private Companies Selling Health Insurance Contracts

Under the *Canada Health Act, Alberta Health Care Insurance Act* and *Hospitals Act*, private companies are prohibited from selling health insurance contracts for medically necessary physician, dental surgeon and hospital services provided in Alberta (i.e., health services considered to be "insured"services under these *Acts*).

Private companies may, however, sell health insurance contracts for uninsured health services beyond the limits covered by the Alberta Health Care Insurance Plan. Private companies selling health insurance contracts are *accountable* to their clients, in accordance with their contract, and to their shareholders. These companies are not accountable to the Minister of Health and Wellness.

Surgical Facilities

There are no private hospitals in Alberta.
The Health Care Protection Act that was proclaimed in 2000 specifically prohibits the establishment of private hospitals in

Alberta. It also requires all surgical facilities to be accredited by the College of Physicians and Surgeons of Alberta and designated by the Minister of Health and Wellness.

Under the *Act*, any surgical facility designated to provide uninsured in-patient services would be *accountable* to the College of Physicians and Surgeons of Alberta for the quality of care provided in the facility, and to the Minister of Health and Wellness for matters specified in the Act, regulations and terms and conditions of designation (for surgical facilities providing insured services, see page 48).

Like other providers, the surgical facility would be *answerable* to clients for services.

The Health Information Act was proclaimed in April 2001. This legislation authorizes individuals' access to their health information and establishes rules regarding the collection, use, disclosure and protection of health information by custodians. The Act is intended to protect the privacy of health information and promote controlled sharing of health information to improve patient care and improve the health system.

Information and Privacy Commissioner

The Information and Privacy Commissioner (IPC) is established under statute and reports directly to the Legislative Assembly. The IPC has responsibilities established under the *Health Information Act* (HIA) and the *Freedom of Information and Protection of Privacy Act* (FOIPP). In response to concerns raised by individual Albertans, the IPC may investigate:

- custodians (defined on page 57) regarding an individual's request to access or correct his or her health information, and custodians' collection, use and disclosure practices regarding health information.

- public bodies regarding an individual's request to access information or correct personal information, and public bodies' collection, use and disclosure practices regarding information.

The IPC may also issue orders to:

- custodians and individuals to stop practices found to be in contravention of HIA.

- public bodies to stop practices found to be in contravention of FOIPP.

HIA applies to custodians (the term "custodian" is defined to include, among others, the Minister of Health and Wellness, the Department of Health and Wellness, regional health authorities, provincial health boards, hospitals, nursing homes, AHCIP funded practitioners, community pharmacies). HIA regulates health information associated with health services that are funded directly or indirectly and fully or partially by Alberta Health and Wellness, and health information associated with services provided by pharmacists and pharmacies regardless of funding sources.

A few provisions in HIA apply to all Albertans. For example, HIA prohibits all persons from using individually identifying health information to market any service for a commercial purpose or to solicit money unless the individual who is the subject of the health information has specifically consented to its use for that purpose.

HIA does not apply to some entities that provide "health" services, but are outside the traditional publicly funded health system (such as the Workers' Compensation Board) because they are not funded by Alberta Health and Wellness*.

FOIPP applies to all Ministries in the Government of Alberta and local public bodies such as regional health authorities and municipal governments.

Both HIA and FOIPP apply to some organizations in Alberta's health system (e.g., Alberta Health and Wellness, regional health authorities, hospitals, etc.). HIA and FOIPP have been designed to complement each other. Organizations that are subject to both HIA and FOIPP are expected to process individuals' requests automatically under the appropriate piece of legislation. The operation of HIA and FOIPP should be seamless from the perspective of individuals making requests.

The IPC is *accountable* to the Legislative Assembly. Custodians are *accountable* to the IPC for meeting the requirements in HIA. All persons collecting health information are *accountable* to the IPC for the requirements in HIA that apply to all persons. Public bodies are *accountable* to the IPC for meeting the requirements in FOIPP.

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* note: the provisions in HIA which apply to all persons would still apply to these entities

Ombudsman

The Ombudsman is established under statute and reports directly to the Legislative Assembly. In response to the concerns raised by individual Albertans, the Ombudsman investigates administrative decisions made by government departments and agencies.

The Ombudsman currently does not have the authority to investigate decisions made by regional health authorities, the Alberta Mental Health Board, the Alberta Cancer Board, the Hospital Privileges Appeal Board, the Mental Health Patient Advocate or the regulatory bodies of the health professions.

As part of a new concerns resolution process for health professions, the role of the Provincial Ombudsman will be expanded to permit the review of concerns raised by individual Albertans relating to due process and administrative fairness in the decisions of regulatory bodies.

The Ombudsman is *accountable* to the Legislative Assembly.

Auditor General

The Auditor General is established under statute and reports directly to the Legislative Assembly. The Auditor General plays a key role in providing independent accountability information on all government ministries, departments and agencies.

The Auditor General is the auditor of Alberta Health and Wellness, the Provincial Alberta Mental Health Board and the Alberta Cancer Board. The Auditor General may also be appointed, by regional health authorities or the Minister of Health and Wellness, as the auditor of regional health authorities, community health councils (if incorporated) and subsidiary corporations of regional health authorities.

The Auditor General currently (2001) audits eleven regional health authorities in addition to the two provincial health boards. If the Auditor General is not the auditor of regional health authorities, community health councils (if incorporated) and subsidiary corporations of regional health authorities, then the auditors of these

bodies must give the Auditor General a copy of the findings, recommendations and all audited financial information respecting the body in question.

The Auditor General is responsible for providing the public with assurances that financial reporting by the Ministry of Health and Wellness, and the overall health system, is credible. The Auditor General's annual review of the Ministry of Health and Wellness and the health system also provides independent recommendations that may influence operations of the Ministry and health authorities.

The Auditor General also assists the Minister of Health and Wellness in developing performance measurement criteria and reporting systems to meet accountability requirements.

The Auditor General is *accountable* to the Legislative Assembly.

Labour Unions

The *Labour Relations Code* is the legislation that certifies unions, organizes employees into bargaining units and establishes the rules that govern unions. The majority of individuals working in Alberta's health system are represented by unions and subject to the *Code*. Some examples of unions include, among others, the United Nurses of Alberta and the Alberta Union of Provincial Employees.

Unions represent their members in negotiations with employers regarding collective agreements (i.e., agreements governing employee salaries, benefits, working conditions and other terms of employment). Unions represent their members on an ongoing basis through the terms of their collective agreements. Through the negotiation and implementation of collective agreements, unions impact the cost and delivery of services in Alberta's health system.

Unions and employers are *accountable* to the Labour Relations Board for the requirements in the *Labour Relations Code*. Unions are also *accountable* to their members. Unions and employers are *answerable* to each other.

Individual Albertans

Individual Albertans are responsible for their own and their family's health by maintaining healthy behaviors and lifestyles, and by keeping informed on environmental, social and economic factors that may affect health.

Individual Albertans have the right to make their own health decisions in consultation with a variety of health providers. They also have a right to health information to help them make the best decisions.

With the proclamation of the *Health Information Act*, individual Albertans have the right to expect that the privacy of their personal health records will be protected and that they may gain access to their health records.

Individual Albertans also have an obligation to use the health system in a responsible manner; this includes:

- assisting health professionals by providing relevant information about their health
- educating themselves about available health services and using such services appropriately
- following instructions when obtaining diagnostic and treatment services; this includes, for example, completing any course of prescribed drug therapy (unless otherwise instructed by the individual's health provider), and
- registering with the Alberta Health Care Insurance Plan and paying premiums if eligible.

Concerns

Albertans who have concerns about the health system have a variety of channels for raising these concerns. These include the health authorities, regulatory bodies of professions, specific appeal bodies listed on page 50, the Minister of Health and Wellness, the Protection for Persons in Care Reporting Line, the Medical Examiner's Office and the Information and Privacy Commissioner, depending on the nature of the specific concern.

The identification and resolution of concerns is a significant component of health system accountability. The Minister of Health and Wellness expects health authorities to have a well-publicized process in place to receive complaints, concerns and questions from the public.

Last, if individual Albertans are eligible, they may vote in the elections to select members for the regional health authorities. They may also evaluate their own eligibility and seek a nomination to run for election or stand for appointment to the local regional health authority.

Additional Stakeholders

Some stakeholders who significantly influence the health system, both in terms of cost and quality, have organized and/or incorporated themselves (e.g., consumer organizations such as the Palliative Care Association or the Canadian Mental Health Association, among others). These bodies are not under the direction of the Government of Alberta or the regulatory bodies of the professions, but they may lobby Government or regulatory bodies about the concerns of their members.

Responsibilities of Key Partners in Alberta's Health System

Figure 3 is a simplified accountability framework that summarizes the primary responsibilities for which key partners are accountable in Alberta's health system:

- Members of the Legislative Assembly are *accountable* to their electorate
- the Government of Alberta, the Minister of Health and Wellness, the Auditor General and the Information and Privacy Commissioner are *accountable* to the Legislative Assembly
- regional health authorities and provincial health boards are *accountable* to the Minister of Health and Wellness
- regional health authorities also are *accountable*, as governing bodies, to the residents of their regions

- the AMA and the Minister of Health and Wellness jointly manage the aggregate funds in the AHCIP budget, subject to an agreement

- the regulatory bodies of the health professions are *answerable* to the Minister of Health and Wellness, the Legislative Assembly and others

- community health councils are *accountable* to regional health authorities

- contracted service providers are accountable to the entities with whom a contract is in place (depending on the services provided, these organizations may also be accountable to others), and

- health professionals are *accountable* to several parties, based on their professional designation, employment status, source of funding and whether they hold hospital privileges.

Depending on the situation, health professionals are *accountable* to:

- regulatory bodies for the quality of their professional practice

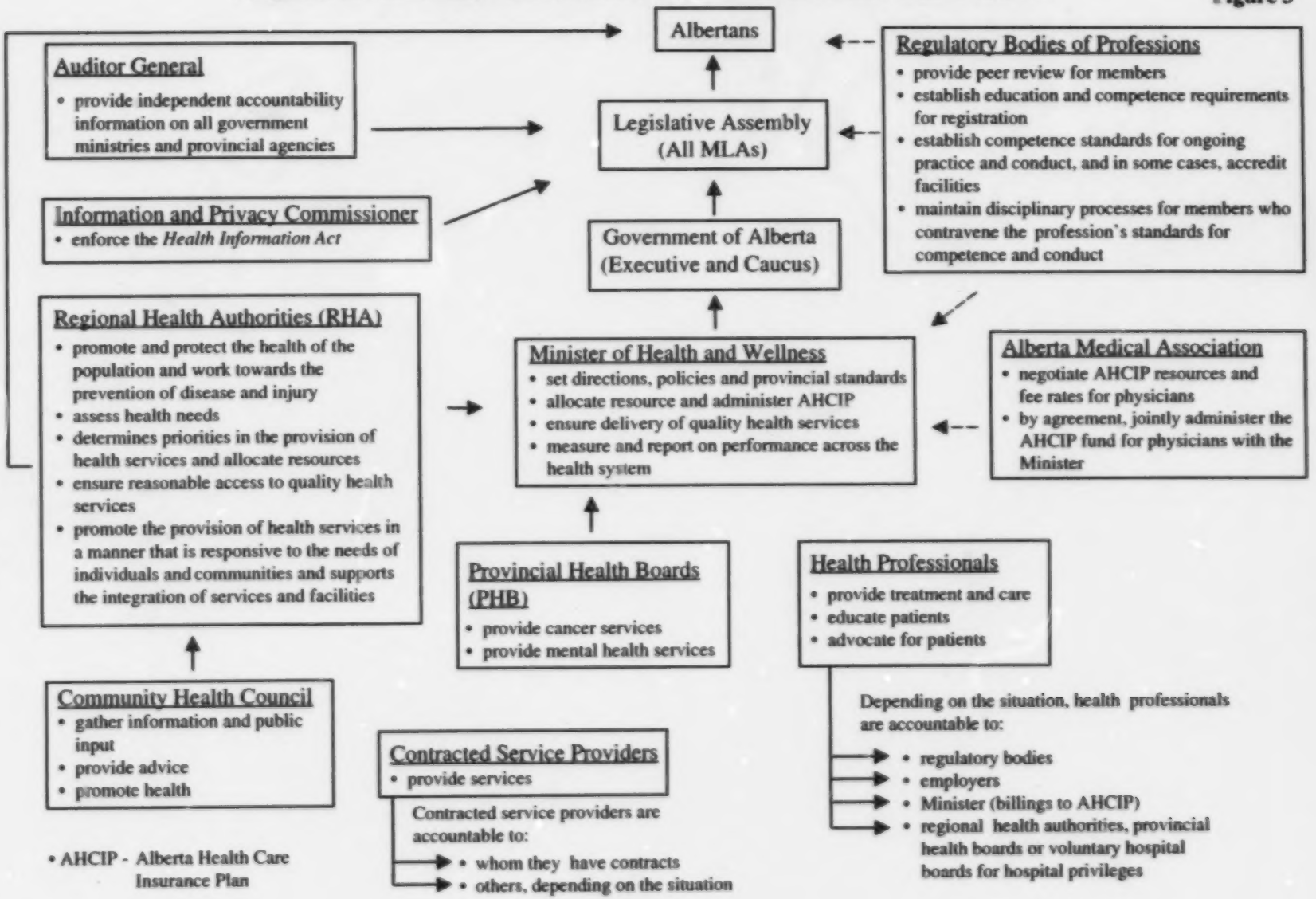
- employers (regional health authorities, provincial health boards, other employers) for the quality of services they provide and the resources they use

- the Minister of Health and Wellness for billings of services to the Alberta Health Care Insurance Plan, and

- regional health authorities, provincial health boards and voluntary hospital boards for hospital privileges (which enable the professionals to admit patients to hospitals, treat patients in hospitals and refer patients to hospital programs).

Simplified Accountability Framework For Key Partners in Alberta's Health System

Figure 3


Albertans
Auditor General
• provide independent accountability information on all government ministries and provincial agencies
Legislative Assembly (All MLAs)
Regulatory Bodies of Professions
• provide peer review for members
• establish education and competence requirements for registration
• establish competence standards for ongoing practice and conduct, and in some cases, accredit facilities
• maintain disciplinary processes for members who contravene the profession's standards for competence and conduct
Information and Privacy Commissioner
• enforce the Health Information Act
Government of Alberta (Executive and Caucus)
Regional Health Authorities (RHA)
• promote and protect the health of the population and work towards the prevention of disease and injury
• assess health needs
• determines priorities in the provision of health services and allocate resources
• ensure reasonable access to quality health services
• promote the provision of health services in a manner that is responsive to the needs of individuals and communities and supports the integration of services and facilities
Minister of Health and Wellness
• set directions, policies and provincial standards
• allocate resource and administer AHCIP
• ensure delivery of quality health services
• measure and report on performance across the health system
Alberta Medical Association
• negotiate AHCIP resources and fee rates for physicians
• by agreement, jointly administer the AHCIP fund for physicians with the Minister
Provincial Health Boards (PHB)
• provide cancer services
• provide mental health services
Health Professionals
• provide treatment and care
• educate patients
• advocate for patients
Depending on the situation, health professionals are accountable to:
• regulatory bodies
• employers
• Minister (billings to AHCIP)
• regional health authorities, provincial health boards or voluntary hospital boards for hospital privileges
Community Health Council
• gather information and public input
• provide advice
• promote health
Contracted Service Providers
• provide services
Contracted service providers are accountable to:
• whom they have contracts
• others, depending on the situation

• AHCIP - Alberta Health Care Insurance Plan

• Solid arrows show accountable relationships
• Dotted arrows show significant linkages that are not accountable relationships

ONGOING DEVELOPMENT OF THE HEALTH ACCOUNTABILITY FRAMEWORK

This document describes the structure and processes supporting accountability in Alberta's health system. Further work is required to improve both the structure of accountability and supporting processes. This work will be dynamic and ongoing, requiring input and collaboration from all players.

The Minister of Health and Wellness is engaged in new and ongoing activities, involving a wide variety of players, which support the goal of improved health system accountability and performance. For example:

- further developing monitoring and reporting tools and processes to support accountability and continuous improvement
- encouraging health authorities and health providers to adopt best practices in governance and management
- setting expectations and measuring performance, focusing on measures for health services
- developing and implementing a communications strategy for the dissemination of health system performance information
- contributing to the development, adoption and dissemination of comprehensive data, health information and technology standards to support information exchanges provincially and nationally
- reporting on the health status of Albertans and providing information about key health issues and their determinants
- addressing barriers to access and actively monitoring waiting lists
- promoting quality improvement, accessibility and sustainability through the introduction of new approaches and initiatives (such as alternative payment plans and primary health care models)

- collaborating with the Health Services Utilization Commission to support continuous improvement in health system performance
- further developing the mechanisms by which information on population needs is used in the resource allocation and policy development processes
- aligning physician services with regional health service delivery mechanisms
- developing and maintaining provincial and regional health workforce plans, and
- developing long-term capital plans for overall asset management.

Next Steps

In taking the next steps to improve accountability in Alberta's health system, the Minister of Health and Wellness will work closely with health authorities, regulatory bodies, other key health players and stakeholders, and Albertans.

Our long term goal is to have a high quality, sustainable health care system that is accessible and responsive to the health needs of Albertans – a health care system that is accountable and practices continuous improvement at all levels.

This report will be updated in the future as needed to reflect changes to Alberta's health system.

APPENDICES

Appendix 1 DEFINITIONS

Appendix 2 STATUTES ADMINISTERED BY THE FEDERAL GOVERNMENT

Appendix 3 STATUTES AND REGULATIONS ADMINISTERED BY THE MINISTER OF HEALTH AND WELLNESS

Appendix 4 STATUTES ADMINISTERED BY OTHER MINISTRIES

Appendix 5 REGULATED HEALTH PROFESSIONALS IN ALBERTA

Appendix 6 ADVISORY AND APPEAL BOARDS, COMMITTEES AND BODIES ESTABLISHED UNDER STATUTES, REGULATIONS OR MINISTERIAL ORDERS

APPENDIX 1

DEFINITIONS

Accountability: the obligation to answer for the execution of one's assigned responsibilities to the person or group who conferred the responsibilities

Accountability framework (or structure): authorized roles, responsibilities and reporting relationships

Answerability: the obligation to provide information and explanation

Benchmark: a "best in class" comparator; a high level of performance that others achieve when undertaking a similar responsibility

Directive: instructions provided under the authority of a statute or a regulation; directives generally prescribe how the provisions in a statute or regulation are carried out (the level of authority to approve a directive is determined by the governing statute or regulation)

Expectation: a desired result as set out in a goal, guideline, policy standard, target or benchmark

Goal: a broad statement of a desired condition which is potentially attainable, though not necessarily easily or within a short time frame

Guideline: a recommendation developed to guide an individual or an organization undertaking an activity

Input: the amount and type of resources (staff, clients, money, supplies, material, buildings, etc.) used to deliver programs and services

Liability:	a legal obligation or responsibility, including a legal responsibility to do something, pay something or refrain from doing something
Measure:	a quantitative tool to assess progress in meeting expectations
Outcome:	a change in health status or health determinants of clients that can be attributed to a program or service
Output:	the results of processes that were completed, for example, average daily cost per client, average length of stay
Practice audit:	an audit of a professional's practice; may involve observations of the practice, reviews of clinical files and surveys of the professional's peers and patients
Process:	the activities and tasks undertaken to achieve program or service objectives
Regulation:	a law enacted under the authority of a statute; regulations generally prescribe how the provisions in a statute are carried out (a regulation may be an Order in Council or a Ministerial Order -- the type of order is determined by the governing statute)
Responsibility:	the obligation to act or make decisions
Standard:	a minimum requirement to be met, as set out by a competent authority or based on available evidence
Statute:	a law enacted under the authority of Parliament or a Legislative Assembly
Target:	a specific statement of a desired level of, or change in, performance to be achieved, usually within a given time period

APPENDIX 2

STATUTES ADMINISTERED BY THE FEDERAL GOVERNMENT

Health Canada administers the following statutes in whole or in part on behalf of the federal government:

- *Canada Health Act;*
- *Canada Medical Act;*
- *Canadian Centre on Substance Abuse Act;*
- *Department of Health Act;*
- *Financial Administration Act;*
- *Canadian Environmental Protection Act;*
- *Food and Drugs Act;*
- *Hazardous Materials Information Review Act;*
- *Hazardous Products Act;*
- *Narcotic Control Act;*
- *Pest Control Products Act;*
- *Pesticide Residue Compensation Act;*
- *Quarantine Act;*
- *Radiation Emitting Devices Act;*
- *Patent Act;*
- *Queen Elizabeth II Canadian Research Fund Act;*
- *Medical Research Council Act;*
- *Fitness and Amateur Sport Act;*
- *Health Resources Fund Act; and*
- *Tobacco Act*

APPENDIX 3

STATUTES AND REGULATIONS ADMINISTERED BY THE MINISTER OF HEALTH AND WELLNESS AS OF APRIL 2001

1. *ABC Benefits Corporation Act*
   a. ABC Benefits Corporation Regulation

2. *Alberta Evidence Act*, s.9
   a. Medical Committee Regulation

3. *Alberta Health Care Insurance Act*
   a. Alberta Health Care Insurance Regulation
   b. Chiropractic Benefits Regulation
   c. Claims for Benefits Regulation
   d. Extended Health Services Benefits Regulation
   e. Medical Benefits Regulation
   f. Optometric Benefits Regulation
   g. Oral & Facial Surgery Benefits Regulation
   h. Payment for Out-of-Province Medical Claims Regulation
   i. Podiatric Benefits Regulation

4. *Alcohol and Drug Abuse Act*

5. *Ambulance Services Act*
   a. Confidentiality Regulation
   b. Licensing and Ambulance Maintenance Regulation
   c. Staff, Vehicle & Equipment Regulation

6. *Cancer Programs Act*
   a. Alberta Cancer Foundation Regulation
   b. Cancer Programs Regulation

7. *Chiropractic Profession Act*
   a. Chiropractice Profession Regulation

8. *Dental Disciplines Act*
   a. Dental Assistant Regulation
   b. Dental Hygienist Regulation
   c. Dental Technicians Regulation

9. *Dental Mechanics Act*
   a. Dental Mechanics Regulation

10. *Dental Profession Act*
    a. Dental Profession Regulation

11. *Emergency Medical Aid Act*

12. *Government Organization Act*, Schedule 7
    a. Health Grants Regulation

13. *Health Care Protection Act*
    a. Health Care Protection Regulation

14. *Health Disciplines Act*
    a. Acupuncture Regulation
    b. Combined Laboratory X-ray Technician Regulation
    c. Emergency Medical Technicians Regulation
    d. Hearing Aid Practitioners Regulation
    e. Licensed Practical Nurses Regulation
    f. Medical Laboratory Technologists Regulation
    g. Medical Radiation Technologists Regulation
    h. Midwifery Regulation
    i. Psychiatric Nurses Regulation
    j. Respiratory Therapists Regulation

15. *Health Facilities Review Committee Act*

16. *Health Foundations Act*
    a. Health Foundations Regulation
    b. Nomination Regulation

17. *Health Information Act*
    a. Health Information Regulation
    b. Designation Regulation

18. *Health Insurance Premiums Act*
    a. Health Insurance Premiums Regulation
    b. Penalty Regulation

19. *Health Professions Act* (unproclaimed)

20. *Hospitals Act*
    a. Hospitalization Benefits Regulation
    b. Hospital Foundations Regulation
    c. Operation of Approved Hospitals Regulation
    d. Application in Respect of Regional Health Authorities Regulation
    e. Crown's Right of Recovery (Ministerial) Regulation
    f. Crown's Right of Recovery Regulation

21. *Human Tissue Gift Act*

22. *Medical Profession Act*
    a. Medical Profession Bylaws

23. *Mental Health Act*
    a. Forms and Review Panel Regulation
    b. Mental Health Regulation
    c. Patient Advocate Regulation

24. *M.S.I. Foundation Act*

25. *Nursing Homes Act*
    a. Nursing Homes General Regulation
    b. Nursing Homes Operation Regulation

26. *Nursing Profession Act*
    a. Registration Regulation
    b. General Regulation
    c. Certified Graduate Nurse Regulation
    d. Code of Ethics Regulation
    e. Regulation and Bylaw Approval Regulation
    f. Nursing Profession Extended Practice Roster Regulation

27. *Occupational Therapy Profession Act*
    a. Occupational Therapy General Regulation

28. *Opticians Act*
    a. Bylaws of Alberta Guild Regulation
    b. Opthalmic Dispensing Regulation

29. *Optometry Profession Act*
    a. Optometry Profession General Regulation
    b. Optometry Profession Standards of Practice Regulation

30. *Pharmaceutical Profession Act*
    a. Pharmaceutical Profession Regulation
    b. Prescription of Drugs by Authorized Practitioners Regulation
    c. Scheduled Drugs Regulation (33/96)
    d. Scheduled Drugs No. 1 Regulation
    e. Scheduled Drugs No. 2 Regulation
    f. Scheduled Drugs Regulation (261/99)

31. *Physical Therapy Profession Act*
    a. General Regulation

32. *Podiatry Act*
    a. Bylaws Regulation
    b. Drugs, Chemicals and Compounds Regulation

33. *Provincial Health Authorities of Alberta Act*

34. *Psychology Profession Act*
    a. Psychology Profession Regulation

35. *Public Health Act*
    a. Alberta Aids to Daily Living and Extended Health Benefits Regulation
    b. Bodies of Deceased Persons Regulation
    c. Communicable Diseases Regulation
    d. Coordinated Home Care Regulation
    e. Food Regulation
    f. Forms Regulation
    g. Housing Regulation
    h. Institutions Regulation
    i. Nuisance and General Sanitation Regulation
    j. Provincial Board of Health Regulations Governing Barbershops and Beauty Culture Parlours (Div. 30)

k. Qualifications of Executive Officers Regulation
l. Recreation Area Regulation
m. Regulated Matter Regulation
n. Swimming Pool Regulation
o. Treatment Services Regulation
p. Waiver Regulation
q. Work Camps Regulation
r. Application in Respect of Regional Health Authorities Regulation
s. Registered Nurse Providing Extended Health Services Regulation

36. *Regional Health Authorities Act*
a. Alberta Mental Health Board Regulation
b. Property and Assets (Transitional) Regulation
c. Regional Health Authorities Regulation
d. Regional Health Authorities Foundations Regulation
e. Regional Health Authorities (Ministerial) Regulation
f. Interim Regional Health Authority Appointment Regulation
g. Alberta Hospital Edmonton Foundation Regulation
h. Community Health Councils Regulation
i. Community Health Councils (Ministerial) Regulation
j. Election and Appointment of Regional Health Authority Members Regulation
k. Regional Health Authorities Election Forms Regulation

37. *Registered Dietitians Act*
a. General Regulations

38. *Social Work Profession Act*
a. Exemption Regulation
b. Social Work Profession Regulation

Note: the Minister of Health and Wellness also has some responsibilities prescribed to him in the *Protection for Persons in Care Act*

Total Acts administered by the Minister of Health and Wellness: 38
Total regulations administered by the Minister of Health and Wellness: 106

APPENDIX 4

STATUTES ADMINISTERED BY OTHER MINISTERS

There are many pieces of provincial legislation that are administered by other Ministers which affect aspects of the health system. The following list is not meant to be exhaustive.

Statutes which Protect the Public

- *Child Welfare Act*
- *Environmental Protection and Enhancement Act*
- *Fatality Inquiries Act*
- *Freedom of Information and the Protection of Privacy Act*
- *Municipal Government Act (emergency services)*
- *Occupational Health and Safety Act*
- *Ombudsman Act*
- *Protection for Persons in Care Act*
- *Safety Codes Act*

Statutes which Impact the Administration of Health Programs and Services

- *Business Corporations Act*
- *Companies Act*
- *Dependent Adults Act*
- *Employment Standards Code*
- *Labour Relations Code*
- *Local Authorities Election Act*
- *Personal Directives Act*
- *Protection for Persons in Care Act*
- *Seniors Benefit Act*
- *Social Care Facilities Review Committee Act*

APPENDIX 5

REGULATED HEALTH PROFESSIONALS IN ALBERTA

- Occupational therapists
- Physical therapists
- Podiatrists
- Psychologists
- Registered dietitians
- Social workers
- Dental assistants
- Dental hygienists
- Dental technologists
- Chiropractors
- Denturists
- Dentists
- Physicians
- Registered nurses
- Opticians
- Optometrists
- Pharmacists
- Acupuncturists
- Combined lab and x-ray technicians
- Emergency medical response professionals
- Hearing aid practitioners
- Licensed practical nurses
- Medical laboratory technologists
- Medical radiation technologists
- Electroneurophysiologists
- Mental deficiency nurses
- Midwives
- Registered psychiatric nurses
- Respiratory therapists

APPENDIX 6

ADVISORY AND APPEAL BOARDS, COMMITTEES AND BODIES ESTABLISHED UNDER STATUTES, REGULATIONS OR MINISTERIAL ORDERS

Premier's Advisory Council on Health

The Premier's Advisory Council on Health is established under statute and reports to the Premier. The mandate of the Premier's Advisory Council on Health is to provide strategic advice on the preservation and future enhancement of quality health services for Albertans and on the continuing sustainability of the publicly funded and publicly administered health system. The Advisory Council identifies significant current and emerging issues and challenges for the health system; identifies potential models, strategies and approaches to effectively manage challenges for the benefit of the health of Albertans and the future sustainability of the health system; and offers advice on directions and strategies for the delivery of public health services in Alberta.

Alberta Advisory Committee on AIDS

The Alberta Advisory Committee on AIDS is established under a Ministerial Order and is accountable to the Minister. The committee reviews and makes recommendations to the Minister respecting the management, prevention and control of human immunodeficiency virus (HIV) infection/AIDS.

Rural Physician Action Plan Coordinating Committee

The Rural Physician Action Plan Coordinating Committee is established under a Ministerial Order and is accountable to the Minister. The committee provides advice to the Minister respecting issues pertaining to the recruitment of physicians to rural Alberta.

Ambulance Advisory and Appeal Board

The Ambulance Advisory and Appeal Board is established under statute and is accountable to the Minister. The role of the Board is:

(a) to investigate and hear appeals from operators regarding the suspension, amendment or revocation of operating licenses applicants whose applications for licensure have been refused

(b) to advise the Minister on matters pertaining to the provision of ambulance services, and

(c) on being requested to do so by the Minister to:

(i) investigate or inquire into, collect information relating to or conduct research into any matter relating to the delivery of ambulance services

(ii) conduct an investigation into or inspection of the ambulance services provided by an operator

(iii) hold public hearings for the purpose of receiving submissions on matters pertaining to ambulance services

(iv) perform any task or function that the Minister may request from time to time.

Ambulance Medical Review Committee

The Ambulance Medical Review Committee is established under a Ministerial Order and reviews and provides advice on medical decisions made before or during an air ambulance trip through a process of peer review and based on supporting evidence. This process is not intended to duplicate the roles of other professional medical associations or Regional Health Authority Medical Committees.

Province Wide Services Advisory Committee

The Province Wide Services Advisory Committee is established under a Ministerial Order and advises the Minister on issues regarding Province Wide Health Services. The committee:

a) annually reviews the designated Province Wide Services to determine whether they should still be included, expanded, reduced or discontinued

b) ensures the development of actions plans for the provision of all province wide services which will address: operating sites, service volumes, and resources required (capital, human and financial)

c) identifies emerging province wide services and ensure the development of action plans leading to their successful introduction into the province

d) ensures the development of systems of accountability that will measure the effectiveness of the province wide services on the basis of criteria for intervention, access, cost, and quality as compared to best practice or previously determined goals and

e) establishes a mechanism for the assessment of new technology (drugs, procedures and devices) related to the province wide services, and advise the Minister on approval and funding.

Out-of-Country Health Services Committee

The Out-of-Country Health Services Committee is established under a Ministerial Order and is accountable to the Minister. Alberta residents may apply to the Out-of-Country Health Services Committee to receive health services outside of Canada where the resident has endeavoured to receive the services in Canada and they are not available in Canada. The committee reviews and evaluates the application.

Senior Reference Committee

The Senior Reference Committee advises the Deputy Minister of Health and Wellness on a broad range of issues relating to Information Management and Information Technology within the health system in Alberta.

Technical Coordinating Group

The Technical Coordinating Group advises the Senior Reference Committee on information management and technology initiatives that provide an infrastructure capable of supporting the delivery of quality health care throughout the province.

Alberta Expert Review Panel for Blood Borne Infections in Health Care Workers

The Alberta Expert Review Panel for Blood Borne Infections in Health Care Workers is established under a Ministerial Order. It was established to hear and review circumstances surrounding instances of health care workers who are found to have a blood borne infectious disease. The Panel provides evaluation for infected Health Care Workers and counsels them on an individual basis concerning continued or modified professional practice. The Panel may provide the Minister with such policy advice and recommendations regarding blood borne infections in Health Care Workers as requested by the Minister or considered advisable by the Panel.

Alberta Health and Wellness Archival Blood Search Steering Committee

The Alberta Health and Wellness Archival Blood Search Steering Committee is established under a Ministerial Order. The major purpose of conducting an archival search is to identify persons who received whole blood units or blood products between January 1, 1986 to July 1, 1990 and, in turn, were unknowingly infected with the hepatitis C virus (HCV). Blood recipients will be advised to seek testing for HCV and medical follow-up by their own physician.

Billing Practice Advisory Committee

The Billing Practice Advisory Committee is established under a Ministerial Order. It reviews cases where the Billing Practices Committee has investigated a practitioner's claims and is of the view there is evidence of inappropriate billing, and the practitioner disputes the outcome of the investigation.

Alberta Management Committee on Drug Utilization

The Alberta Management Committee on Drug Utilization (AMCDU) is established under a Ministerial Order. Its purpose is to develop and direct the Drug Utilization Review program, the Academic Detailing program and the Trial Prescription program, to facilitate improvements in the prescription and use of drugs in Alberta.

Expert Committee on Drug Evaluation and Therapeutics

The Expert Committee on Drug Evaluation and Therapeutics is established under a Ministerial Order. It is an external expert drug advisory committee and provides advice and recommendations to the Minister respecting the therapeutic value and cost effectiveness of drug products.

The Committee's mandate is to:

- recommend to the Minister drug products which the Minister may consider for inclusion in publicly funded drug programs, and advise the Minister of the conditions, if any, under which such products should be funded.

- establish, maintain, and apply criteria to evaluate the therapeutic value and cost effectiveness of drug products.

- recommend to, and as requested by, the Minister which drug products should be designated as interchangeable products.

- monitor and evaluate drugs reimbursed by publicly funded drug programs with regard to their continued therapeutic value and cost effectiveness.

- provide advice to the Minister respecting the pharmaceutical research agenda of the Institute of Pharmaco-Economics, the Canadian Coordinating Office for Health Technology Assessment and other research agencies, as appropriate.

- maintain effective liaison and communication with other relevant entities, including federal and provincial departments of health, regional and provincial health authorities and the Alberta Management Committee on Drug Utilization, to facilitate optimum drug benefit program planning in the province.

MS Drug Review Panel

The MS Drug Review Panel is established under a Ministerial Order to assess applications for coverage of MS drugs under the government-sponsored Alberta Blue Cross drug plan. The mandate of the panel is to:

- maintain, evolve and apply criteria to evaluate applications for coverage of MS drugs

- provide direction and guidance respecting education of patients and physicians about MS drug

- identify physicians in Alberta who have the requisite neurological expertise to assess patients as per the "MS Drug Coverage - Application" form and to prescribe the MS drug therapies

- review applications and make decisions respecting eligibility for coverage of the MS drugs under a government-sponsored Alberta Blue Cross drug plan, and

- work with Alberta Health and Wellness and Alberta Blue Cross to undertake evaluations of improvements in the "quality of life" of Albertans from use of MS drug therapies and value for money or cost-effectiveness of the MS drug therapies in Alberta.

Eye Care Disciplines Advisory Committee

The Eye Care Disciplines Advisory Committee is established under a Ministerial Order to examine and makes recommendations to the Minister relating to any matter concerning eye care that is referred to it by the Minister.

Health Innovation Fund Advisory Committee

The Health Innovation Fund Advisory Committee is established under a Ministerial Order. Its purpose is to review applications and advise the Minister on funding of projects meeting the Health Innovation Fund eligibility criteria.

Health Services Utilization Commission

The Health Services Utilization Commission is established under a Ministerial Order. Its purpose is to foster continuous improvement in the performance of the health system by informing individuals, providers, funders and other stakeholders about the use of health services and engaging them in positive change. It reviews existing data and, where necessary, undertakes additional research to ensure positive change is occurring.

Healthy Aging and Continuing Care in Alberta Implementation Advisory Committee

The Healthy Aging and Continuing Care in Alberta Implementation Advisory Committee is established under a Ministerial Order. Its purpose is to provide advice to Alberta Health and Wellness on implementation strategies for implementing the nine strategic directions approved by the Standing Policy Advisory Committee and Cabinet regarding the recommendations proposed in the Broda Report for continuing care services and healthy aging.

Imaging Advisory Committee

The Imaging Advisory Committee is established under a Ministerial Order. It is developing a systems view of imaging which encompasses all modalities and provides a focus for collaboration. The Committee provides advice and recommendations to the Minister. The Committee also encourages cooperation among participants and provides advice to all stakeholders on maintaining and improving imaging services throughout the province.

Physician Resource Planning Committee

The Physician Resource Planning Committee is established under a Ministerial Order. The mandate of the Committee is to:

- provide an annual provincial physician resource forecast that identifies current resources and Alberta's short and long-term needs in the context of a changing health care system
- identify short and long term physician resource supply priorities, and strategies to obtain priority resources
- create strategies to integrate physician resource planning with planning for other health human resources provincially and within regional health authorities, and
- create strategies to improve and coordinate medical services to foster an integrated health system.

Policy Advisory Committee on Blood Services in Alberta

The Policy Advisory Committee on Blood Services in Alberta is established under a Ministerial Order to:

- provide input as requested on practical aspects of implementing the recommendations of the Advisory Committee on the Use of Blood, and identify stakeholders who could be involved with any follow-up action
- provide input to the Minister on issues related to the provincial blood system, and

- provide a forum for the Canadian Blood Service to consult with provincial stakeholders on various issues being addressed by the Canadian Blood Service.

Alberta Health Facilities Review Committee

The Alberta Health Facilities Review Committee is established under statute and is *accountable* to the Minister. It carries out inspections of health facilities and investigates patient complaints respecting the care and treatment of patients and the standards of accommodation in approved hospitals under the *Hospitals Act*, nursing homes defined by the *Nursing Homes Act* and hospitals under the jurisdiction of a provincial health board under the *Regional Health Authorities Act*.

Alberta Aids to Daily Living and Extended Health Benefits Appeal Panels

The Alberta Aids to Daily Living and Extended Health Benefits Appeal Panels are established under regulation to review the appeals of persons relating to the eligibility of a person for cost sharing in respect of a health aid or extended health benefit. The panels are accountable to the Minister.

Mental Health Review Panels Edmonton, Calgary, and Ponoka

The Mental Health Review Panels are established under statute and are accountable to the Minister. The panels review:

- the applications of formal patients, guardians or persons on behalf of patients for cancellation of admission certificates or renewal certificates

- admission certificates or renewal certificates for formal patients receiving continuous treatment for a period of six months

- applications from persons sentenced to a correctional facility, but receiving treatment at a designated psychiatric facility, to be returned to a correctional facility

- applications from formal patients found not to be mentally competent to make treatment decisions, to have the physician's opinion respecting competence reviewed, and

- applications by a physician to treat a mentally competent formal patient objecting to treatment.

Hospital Privileges Appeal Board

The Hospital Privileges Appeal Board is established under statute and is accountable to the Minister. It is authorized to hear the appeals from the members, or former members, of a medical staff of an approved hospital who are grieving an approved hospital board's decision to not re-appoint or to terminate, suspend, or vary their hospital privileges.

Out-of-Country Health Services Health Services Appeal Panel

Alberta residents may appeal a decision reached by the Out-of-Country Health Services Committee regarding a resident's application for out-of-country health services to the Out-of-Country Health Services Appeal Panel. The Appeal Panel may confirm or vary the decision of the Out-of-Country Health Services Committee or substitute its decision for the Out-of-Country Health Services Committee decision.

Public Health Appeal Board

The Public Health Advisory and Appeal Board is established under statute and is accountable to the Lieutenant Governor in Council. The duties of the Board are to:

- advise the Minister on matters pertaining to public health

- on the request of the Minister make investigations, collect information or conduct research into matters relating to the public health (reporting to the Minister)

- on the request of the Lieutenant Governor in Council (by order), hold public hearings to receive submissions on matters pertaining to public health as specified in the order and report to the Minister

- engage the services of persons having special technical, professional or other knowledge in regard to an investigation, research or public hearing, and

- hear appeals from persons appealing a decision of a regional health authority in regard to an order issued under the *Public Health Act* or a decision to issue, cancel, suspend, or refuse to issue a license or permit under the *Public Health Act*.

The Mental Health Patient Advocate

The Mental Health Patient Advocate is established under statute and is accountable to the Lieutenant Governor in Council. The Mental Health Patient Advocate investigates the complaints from or relating to formal patients regarding the care and treatment that they have received at a designated facility (i.e. facilities designated under the *Mental Health Act* for the detention and treatment of individuals detained under the *Mental Health Act*).

In addition to investigating complaints from formal patients involuntarily detained under the *Act* (i.e. those patients placed in a designated psychiatric facility under an admission or renewal certificate), the Patient Advocate also serves as a resource for the psychiatric community by providing service and rights related information to mental health consumers and the general public.